



## **Interpharm XML for Real time Claim Submissions**

### **Business Specification**

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Prepared on: 07/06/2010

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## DOCUMENT HISTORY

Date	Author	Modification
28 April 2009		Creation of Document
02 February 2010		Updating of Document
03 March 2010		Correction of example XML (highlighted in yellow): <ul style="list-style-type: none"> <li>- &lt;ClaimTotals&gt;: changed &lt;claimPatientPaid&gt; to &lt;claimPatientPayAmount&gt;</li> <li>- &lt;Membership&gt; under &lt;Line&gt; XML example</li> <li>- Positioning of &lt;LineTotals&gt; node – moved to before Diagnoses</li> </ul>
09 March 2010		Updates highlighted in pink: <ul style="list-style-type: none"> <li>- Grouping of &lt;Line&gt; with &lt;Lines&gt; node (Request and Response)</li> <li>- Changing from &lt;Diagnoses&gt; to &lt;Diagnosis&gt; and grouping of &lt;Diagnosis&gt; with &lt;Diagnoses&gt; node (Only on the Request)</li> <li>- Group of &lt;Message&gt; on the response</li> <li>- Inclusion of XSD</li> <li>- Inclusion of comment “external parties NOT send us empty/optional tags, where they have no data inside them.”</li> <li>- Changing of &lt;itemCount&gt; from string to integer</li> </ul>
05 May 2010		Updated the Benefit Code on the Response from integer to string (highlighted in green)
26 May 2010		Changes highlighted in blue: <ul style="list-style-type: none"> <li>- Removing of State “Reversal” – page 5 – only cater for &lt;ClaimRequest&gt; and &lt;ClaimResponse&gt;</li> <li>- Correcting the line numbers in the Dignosis node in the examples</li> <li>- Changes to &lt;chargeableQuantity&gt;</li> <li>- Inclusion of &lt;chargeableCode&gt; and &lt;chargeableQuantity&gt; in Response</li> </ul>
7 June 2010		Highlighted in pink: <ul style="list-style-type: none"> <li>- Updating of description of Nett Amount at Line Level</li> <li>- Change in &lt;adminResponseDate&gt; from Date to Date-Time</li> </ul>



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## 1 INTRODUCTION

This document describes the XML document layout in use by Interpharm for the submission of Real Time claims. This document only contains detail on the format that is switched and not the Communication Modules.

The XML format described below is geared towards the following specialities:

- Pharmacies
- Doctors
- Pathology
- Radiology

## 2 TERMINOLOGY AND FORMATS

Term	Explanation
String	A string is a sequence of one or more than one character(s). The character set is ISO-LATIN. NULL and empty strings are synonymous. An integer number after the word string will indicate the maximum length of that string
Integer Number	Integer numbers are a sequence of one or more of the characters 0 to 9. If the number is negative then a leading "-" is used. Integral numbers may be bound in length to limit the maximum value that is possible in that field. This is indicated by a number after the word integer. The negative sign is not included in this character count (e.g. "Integer 2" would indicate values in the range of "99" to "-99")
Decimal Number	Decimal numbers are a sequence of one or more of the characters 0 to 9. If the number is negative then a leading "-" is used. A "." is used to denote the decimal point. There should be no thousands separator. The notion decimal (8, 2) is used to indicate a number with 8 characters before the decimal point and 2 characters after the decimal point. The "-" does not count towards the total character count
Date	Dates are represented using "CCYY-MM-DD" where e: <ul style="list-style-type: none"> <li>- CC = Century</li> <li>- YY = Year</li> <li>- MM = Month</li> <li>- DD = Day</li> </ul> All these values are to 2 characters with a leading "0" as required
Date-Time	Date-Time are represented using the mask "CCYY-MM-DD HH-mm-SS.sss" where: <ul style="list-style-type: none"> <li>- CC = Century</li> <li>- YY = Year</li> <li>- MM = Month</li> <li>- DD = Day</li> <li>- HH = Hour</li> </ul>



	<ul style="list-style-type: none"> <li>- Mm = Minutes</li> <li>- SS = Seconds</li> <li>- Sss = Milliseconds (this is optional)</li> </ul> <p>All these values are 2 characters with a leading "0" if required</p>
Boolean	This is represented by the string "true" or "false". The string is not case sensitive
Mandatory	Mandatory fields are fields that must contain a value. This is similar to not-null fields in a database. Non-mandatory fields may be passed as an empty element
Naming Conventions	All element names; attribute names and attribute values are case sensitive

It is requested that external parties NOT send us empty/optional tags, where they have no data inside them.

### 3 XML DOCUMENT ELEMENTS

This section will detail the various sections of the XML document and also provide an example of each section.

#### 3.1 XML Declaration

This line is the declaration of the XML document. It indicates that the document encoding is "UTF-8" and that it is a standalone document. This line must appear at the top of every document.

Example

```
<?xml version="1.0" encoding="UTF-8"?>
```

This describes the document content. In the case of this XML document, it also gives some meta-information about the document through the use of 2 attributes.

State – This is used to indicate the current processing state of the document. Possible states are "Request" or "Response"  
Request = indicates that the claim has yet to be adjudicated

- Response = indicates that the claim has been adjudicated and that this is a response to an adjudicated claim

Version - This allows for the support of multiple versions of XML document. The version will be closely tied to this document. The current version is "1.0"

**Note:** Documents submitted to Interpharm are to be with either a state of "Request". The entity responsible for final adjudication of a claim must change the state to "Response". It is the responsibility of the developer to ensure that the document is in the correct state before processing the document.

Name		Data Type	Mandatory	Notes
Version	Attribute	String	Y	Currently set to "1.0"
Claim	Node		Y	This is the root document node name.
State	Attribute	String	Y	Used to indicate the current state of the claim "Request" or "Response"

Example



```
<?xml version="1.0" encoding="UTF-8"?>
<ClaimRequest>
<Claim>
</Claim>
```

#### 4 CLAIM /REVERSAL REQUEST ELEMENT

For claims or reversals submitted to Interpharm for switching to one of their Administrators, must be submitted in the below XML format

An online claim will contain a single <Claim> element withing a <ClaimRequest> tag

##### 4.1 Claim Node

This node describes the Claim information that needs to be captured prior to the claim being submitted.

Example
<pre>&lt;?xml version="1.0" encoding="UTF-8"?&gt; &lt;ClaimRequest&gt; &lt;Claim&gt;   &lt;transactionType&gt;Request&lt;/transactionType&gt;   &lt;testClaim&gt;&gt;false&lt;/testClaim&gt;   &lt;planCode&gt;BCOMQ&lt;/planCode&gt;   &lt;providerType&gt;PH&lt;/providerType&gt;   &lt;providerBHF&gt;6000312&lt;/providerBHF&gt;   &lt;providerName&gt;M-KEM MEDICINE CITY&lt;/providerName&gt;   &lt;prescribingProviderBHF&gt;1491954&lt;/prescribingProviderBHF&gt;   &lt;prescribingProviderName&gt;JACOBS A P &amp; PARTNERS   INCORPOR&lt;/prescribingProviderName&gt;   &lt;transactionNo&gt;4044480&lt;/transactionNo&gt;   &lt;authorisationNo/&gt;   &lt;inHospitalClaim&gt;N&lt;/inHospitalClaim&gt;   &lt;receiptAmount&gt;0&lt;/receiptAmount&gt;   &lt;providerSubmittedInd&gt;Y&lt;/providerSubmittedInd&gt;   &lt;source&gt;SOFTWARE 0.1&lt;/source&gt;   &lt;transactionDate&gt; 2010-02-01-08-00-00&lt;/transactionDate&gt;   &lt;numLines&gt;1&lt;/numLines&gt;   &lt;itemCount&gt;1&lt;/itemCount&gt; &lt;/Claim&gt; &lt;/ClaimRequest&gt;</pre>

The below instance will occur, only once per claim

Name	Data Type	Manda-tory	Notes
------	-----------	------------	-------



Claim	Node		Y	This is the name of the node.
transactionType	Element	String-20	Y	Identifies what type of transaction this. Valid options are: Request or Reversal
testClaim	Element	Boolean	Y	True indicates that this is a test claim destined for a development server. True = test claim; false = not a test claim
planCode	Element	String-10	Y	Code to identify the member plan/option
providerType	Element	String – 2	Y	The service provider who rendered the service: <ul style="list-style-type: none"> <li>- PH = Pharmacy</li> <li>- DC = Doctor</li> <li>- PA = Pathology</li> <li>- DE = Dentist</li> </ul>
providerBHF	Element	String-13	Y	The BHF number of the service provider
providerName	Element	String-30	Y	The name of the service provider
prescribingProviderBHF	Element	String-13	Conditional Mandatory (M for pharmacy claims)	The practice BHF number of the prescribing doctor.
prescribingProviderName	Element	String-30	Conditional Mandatory (M for pharmacy claims)	The practice name of prescribing provider
transactionNo	Element	String-20	Y	The practice's Script Number or Account Reference Number
authorisationNo	Element	String-20	N	A pre-authorization number. This is used where an entire claim is pre-authorized by a scheme.
inHospitalClaim	Element	String-1	Y	Indicates whether the claim occurred while the beneficiary is In Hospital or Out of Hospital. Valid options are: <ul style="list-style-type: none"> <li>- N = Out of Hospital</li> <li>- Y = In Hospital</li> </ul>
receiptAmount	Element	Decimal 8-2	N	The amount paid by the patient to the provider as part settlement of the claim
providerSubmittedInd	Element	String-1	Y	Indicates whether the claim was submitted for the provider or for another party. Valid options: <ul style="list-style-type: none"> <li>- Y = Submitted by provider</li> <li>- N = Submitted by another party</li> </ul>
source	Element	String-50	Y	Software Vendor Name and Version
transactionDate	Element	Date-Time	Y	Date and time the claim was submitted (CCYY-MM-DD HH-mm-SS)
numLines	Element	Integer-4	Y	Number of lines submitted in the claim. Mixture Headers count as one item and mixture details do count towards this count
itemCount	Element	Integer – 2	Y	The number of unique items supplied by the



				pharmacy. Mixture Headers count as one item and mixture details do not count towards this count
--	--	--	--	---

**NOTE:** The Claim Node is only closed once all the relevant Claim information is captured (i.e. Line information)

### Membership and Beneficiary Node

This node describes the Member and Patient information that needs to be captured prior to the claim being submitted.

Example
<pre> &lt;?xml version="1.0" encoding="UTF-8"?&gt; &lt;ClaimRequest&gt; &lt;Claim&gt;   &lt;transactionType&gt;Request&lt;/transactionType&gt;   &lt;testClaim&gt;&gt;false&lt;/testClaim&gt;   &lt;planCode&gt;BCOMQ&lt;/planCode&gt;   &lt;providerType&gt;PH&lt;/providerType&gt;   &lt;providerBHF&gt;6000312&lt;/providerBHF&gt;   &lt;providerName&gt;M-KEM MEDICINE CITY&lt;/providerName&gt;   &lt;prescribingProviderBHF&gt;1491954&lt;/prescribingProviderBHF&gt;   &lt;prescribingProviderName&gt;JACOBS A P &amp; PARTNERS   INCORPOR&lt;/prescribingProviderName&gt;   &lt;transactionNo&gt;4044480&lt;/transactionNo&gt;   &lt;authorisationNo/&gt;   &lt;inHospitalClaim&gt;N&lt;/inHospitalClaim&gt;   &lt;receiptAmount&gt;0&lt;/receiptAmount&gt;   &lt;providerSubmittedInd&gt;Y&lt;/providerSubmittedInd&gt;   &lt;source&gt;SOFTWARE 0.1&lt;/source&gt;   &lt;transactionDate&gt; 2010-02-01-08-00-00&lt;/transactionDate&gt;   &lt;numLines&gt;1&lt;/numLines&gt;   &lt;itemCount&gt;1&lt;/itemCount&gt;   &lt;Membership&gt;     &lt;membershipNo&gt;123456789&lt;/membershipNo&gt;     &lt;memberInitials&gt;R&lt;/memberInitials&gt;     &lt;memberFirstName&gt;Ryan&lt;/memberFirstName&gt;     &lt;memberSurname&gt;Strydom&lt;/memberSurname&gt;     &lt;memberTitle&gt;Mr&lt;/memberTitle&gt;     &lt;beneficiaryInitials&gt;R&lt;/beneficiaryInitials&gt;     &lt;beneficiaryFirstName&gt;RYNO&lt;/beneficiaryFirstName&gt;     &lt;beneficiarySurname&gt;STRYDOM&lt;/beneficiarySurname&gt;     &lt;beneficiaryDOB&gt;1935-12-30&lt;/beneficiaryDOB&gt;     &lt;beneficiaryGender&gt;M&lt;/beneficiaryGender&gt;     &lt;beneficiaryId&gt;351230504908&lt;/beneficiaryId&gt;     &lt;dependantNo&gt;00&lt;/dependantNo&gt;   &lt;/Membership&gt; &lt;/Claim&gt; &lt;/ClaimRequest&gt; </pre>





The below instance will occur, only once per claim

Name		Data Type	Manda-tory	Notes
Membership	Node		Y	This is the name of the node.
membershipNo	Element	String-20	Y	The medical aid membership number
memberInitials	Element	String-5	Y	Initials of principal member
memberFirstName	Element	String-20	Y	First name of member
memberSurname	Element	String-30	Y	Surname of principal member
memberTitle	Element	String-5	N	The title of the member
beneficiaryInitials	Element	String-5	N	Initials of the person claiming benefits
beneficiaryFirstName	Element	String-30	Y	First name of the person claiming benefits
beneficiarySurname	Element	String-30	Y	Surname of the person claiming benefits
beneficiaryDOB	Element	Date	Y	Date of birth of the beneficiary
beneficiaryGender	Element	String-1	Y	M = Male; F = Female; U = Unknown
beneficiaryId	Element	String-13	N	ID number of patient
dependantNo	Element	Integer-4	Y	Dependant number of the person claiming.

### Claim Totals Node

This node describes the amount totals for the claim – i.e. the sum of the line amounts

Example
<pre> &lt;?xml version="1.0" encoding="UTF-8"?&gt; &lt;ClaimRequest&gt;  &lt;Claim&gt;   &lt;transactionType&gt;Request&lt;/transactionType&gt;   &lt;testClaim&gt;&gt;false&lt;/testClaim&gt;   &lt;planCode&gt;BCOMQ&lt;/planCode&gt;   &lt;providerType&gt;PH&lt;/providerType&gt;   &lt;providerBHF&gt;6000312&lt;/providerBHF&gt;   &lt;providerName&gt;M-KEM MEDICINE CITY&lt;/providerName&gt;   &lt;prescribingProviderBHF&gt;1491954&lt;/prescribingProviderBHF&gt;   &lt;prescribingProviderName&gt;JACOBS A P &amp; PARTNERS   INCORPOR&lt;/prescribingProviderName&gt;   &lt;transactionNo&gt;4044480&lt;/transactionNo&gt;   &lt;authorisationNo/&gt;   &lt;inHospitalClaim&gt;N&lt;/inHospitalClaim&gt;   &lt;receiptAmount&gt;0&lt;/receiptAmount&gt;   &lt;providerSubmittedInd&gt;Y&lt;/providerSubmittedInd&gt;   &lt;source&gt;SOFTWARE 0.1&lt;/source&gt;   &lt;transactionDate&gt; 2010-02-01-08-00-00&lt;/transactionDate&gt;   &lt;numLines&gt;1&lt;/numLines&gt;   &lt;itemCount&gt;1&lt;/itemCount&gt; &lt;Membership&gt;   &lt;membershipNo&gt;123456789&lt;/membershipNo&gt;   &lt;memberInitials&gt;R&lt;/memberInitials&gt;   &lt;memberFirstName&gt;Ryan&lt;/memberFirstName&gt;   &lt;memberSurname&gt;Strydom&lt;/memberSurname&gt; </pre>



```

<memberTitle>Mr</memberTitle>
<beneficiaryInitials>R</beneficiaryInitials>
<beneficiaryFirstName>RYNO</beneficiaryFirstName>
<beneficiarySurname>STRYDOM</beneficiarySurname>
<beneficiaryDOB>1935-12-30</beneficiaryDOB>
<beneficiaryGender>M</beneficiaryGender>
<beneficiaryId>351230504908</beneficiaryId>
<dependantNo>00</dependantNo>
</Membership>
<ClaimTotals>
  <claimGross>243.07</claimGross>
  <claimNett>243.07</claimNett>
  <claimDiscount>0</claimDiscount>
  <claimLevy>0</claimLevy>
  <claimCopy>0</claimCopy>
  <claimDispensingFee>0</claimDispensingFee>
  <claimProfessionalFee>0</claimProfessionalFee>
  <claimContainerFee>0</claimContainerFee>
  <claimVATAmount>34.03</claimVATAmount>
  <claimSurcharge>0</claimSurcharge>
  <claimPatientPayAmount>0</claimPatientPayAmount>
  <payInstruction>P</payInstruction>
</ClaimTotals>
</Claim>
</ClaimRequest>

```

The below instance will occur, only once per claim

Name	Node	Data Type	Manda-tory	Notes
ClaimTotals	Node		Y	This is the name of the node.
claimGross	Element	Decimal 8-2	Y	Shelf price of consumable plus claimDispensingFee, claimContainerFee and claimCopyFee.  This is the total amount being claimed for all the lines – i.e. any discounts given do not affect the amount
claimNett	Element	Decimal 8-2	Y	claimGross less claimDiscount less claimLevy less claimSurcharge less any payment made by the patient (claimNett = claimGross – claimDiscount – claimLevy – claimSurcharge – claimPatientPaid)
claimDiscount	Element	Decimal 8-2	N	The total discount that the provider offers the scheme. If this discount is higher than the contracted discount, the higher discount will be used
claimLevy	Element	Decimal 8-2	Y	Cumulative levy amount. Levy can either be calculated per consumable line or per claim
claimCopy	Element	Decimal 8-2	N	A copy fee may be charged for providing a copy of the prescription.



claimDispensingFee	Element	Decimal 8-2	N	Sum of the line's Dispensing Fees. The dispensing fee is included in the gross per consumable
claimProfessionalFee	Element	Decimal 8-2	N	Sum of line's Professional Fees. The fee, which the pharmacist charges when dispensing a prescription item
claimContainerFee	Element	Decimal 8-2	N	Sum of line's Container Fees. The container fee is included in the gross per consumable
claimVATAmount	Element	Decimal 8-2	N	VAT amount for claim
claimSurcharge	Element	Decimal 8-2	N	Sum of line's Surcharge. Difference between MMAP/MPL price and the claimed brand product
claimPatientPayAmount	Element	Decimal 8-2	N	Amount payable by Patient. claimLevy + claimSurcharge
payInstruction	Element	String – 1	N	Who the Funder must pay: - P = Provider - M = Member

### Line Node

This node describes the Line information that needs to be captured within a claim, which needs to be submitted, and therefore there can be more than one instance per claim.

Example
<pre>&lt;?xml version="1.0" encoding="UTF-8"?&gt; &lt;ClaimRequest&gt;  &lt;Claim&gt;   &lt;transactionType&gt;Request&lt;/transactionType&gt;   &lt;testClaim&gt;&gt;false&lt;/testClaim&gt;   &lt;planCode&gt;BCOMQ&lt;/planCode&gt;   &lt;providerType&gt;PH&lt;/providerType&gt;   &lt;providerBHF&gt;6000312&lt;/providerBHF&gt;   &lt;providerName&gt;M-KEM MEDICINE CITY&lt;/providerName&gt;   &lt;prescribingProviderBHF&gt;1491954&lt;/prescribingProviderBHF&gt;   &lt;prescribingProviderName&gt;JACOBS A P &amp; PARTNERS   INCORPOR&lt;/prescribingProviderName&gt;   &lt;transactionNo&gt;4044480&lt;/transactionNo&gt;   &lt;authorisationNo/&gt;   &lt;inHospitalClaim&gt;N&lt;/inHospitalClaim&gt;   &lt;receiptAmount&gt;0&lt;/receiptAmount&gt;   &lt;providerSubmittedInd&gt;Y&lt;/providerSubmittedInd&gt;   &lt;source&gt;SOFTWARE 0.1&lt;/source&gt;   &lt;transactionDate&gt; 2010-02-01-08-00-00&lt;/transactionDate&gt;   &lt;numLines&gt;1&lt;/numLines&gt;   &lt;itemCount&gt;1&lt;/itemCount&gt; &lt;/Membership&gt;</pre>



```

<membershipNo>123456789</membershipNo>
  <memberInitials>R</memberInitials>
  <memberFirstName>Ryan</memberFirstName>
  <memberSurname>Strydom</memberSurname>
  <memberTitle>Mr</memberTitle>
  <beneficiaryInitials>R</beneficiaryInitials>
  <beneficiaryFirstName>RYNO</beneficiaryFirstName>
  <beneficiarySurname>STRYDOM</beneficiarySurname>
  <beneficiaryDOB>1935-12-30</beneficiaryDOB>
  <beneficiaryGender>M</beneficiaryGender>
  <beneficiaryId>351230504908</beneficiaryId>
  <dependantNo>00</dependantNo>
</Membership>
<ClaimTotals>
  <claimGross>243.07</claimGross>
  <claimNett>243.07</claimNett>
  <claimDiscount>0</claimDiscount>
  <claimLevy>0</claimLevy>
  <claimCopy>0</claimCopy>
  <claimDispensingFee>0</claimDispensingFee>
  <claimProfessionalFee>0</claimProfessionalFee>
  <claimContainerFee>0</claimContainerFee>
  <claimVATAmount>34.03</claimVATAmount>
  <claimSurcharge>0</claimSurcharge>
  <claimPatientPayAmount>0</claimPatientPayAmount>
  <payInstruction>P</payInstruction>
</ClaimTotals>
<Lines>
  <Line>
    <lineNo>1</lineNo>
    <lineType>L</lineType>
    <itemCodeType>nappi</itemCodeType>
    <chargeableCode>898635</chargeableCode>
    <extendedCode>004</extendedCode>
    <chargeableDescription>ATACAND PLUS TAB</chargeableDescription>
    <results/>
    <chargeableTreatmentDate>2009-05-12</chargeableTreatmentDate>
    <chargeableQuantity>3000</chargeableQuantity>
    <inHospitalInd>N</inHospitalInd>
    <benefitCode>1</benefitCode>
    <dispensingLocation>P</dispensingLocation>
    <mixtureSequence>0</mixtureSequence>
    <mixtureType/>
    <authorisationNo/>
    <daysSupplied>30</daysSupplied>
    <daw>0</daw>
    <originalScriptNo/>
    <repeatNo/>
    <repeatAuthoriser/>
    <repeatAuthorised/>
  
```



```

<treatingProviderBHF/>
<LineTotals>
  <grossAmount>243.07</grossAmount>
  <nettAmount>243.07</nettAmount>
  <discountAmount>0</discountAmount>
  <levyAmount>0</levyAmount>
  <copyFee>0</copyFee>
  <dispensingFee>0</dispensingFee>
  <professionalFee>0</professionalFee>
  <containerFee>0</containerFee>
  <vatAmount>34.03</vatAmount>
  <surchargeAmount>0</surchargeAmount>
  <patientPaidAmount>0</patientPaidAmount>
  <payInstruction>P</payInstruction>
</LineTotals>
<Diagnoses>
  <Diagnosis>
    <lineNo>1</lineNo>
    <code>I10</code>
    <type>ICD-10</type>
    <qualifier>P</qualifier>
  </Diagnosis>
</Diagnoses>
</Line>
</Lines>
</Claim>
</ClaimRequest>

```

Name		Data Type	Mandatory	Notes
Lines	Node		Y	Groups all <Line> nodes
Line	Node		Y	This is the name of the node.
lineNo	Element	Integer - 4	Y	A sequential numbering of the line elements. Number starts at 1 and ends at 9999
lineType	Element	String-1	Y	L - Generic line indicator (nappi code) M – Mixture if Chargeable Code is a nappi code or Modifier when Chargeable Code is a Modifier S – Service (populated when Chargeable Code received)
itemCodeType	Element	String-6	Y	Type of code submitted on the claim line. Default value to nappi
chargeableCode	Element	String-10	Y	Tariff or Nappi Code submitted on the claim line
extendedCode	Element	String-3	N	The extended code of the NAPPI code
chargeableDescription	Element	String-40	N	Item description
results	Element	String – 15	N	The results for the additional services which pharmacies may bill for (for further information – please see Appendix



chargeableTreatmentDate	Element	Date	Y	This is the date that the pharmacy or doctor rendered the goods or service. This date may be in the past but may never be in the future.				
chargeableStartTime	Element	Date	N	Start date and time of treatment.				
chargeableEndTime	Element	Date	N	End date and time of treatment				
chargeableDuration	Element	Integer – 4	N	Duration or measurement for provided service. Duration of services can be given in, days, hours, kilometres, minutes, seconds, units - only the number needs to be provide here				
chargeableQuantity	Element	Integer – 6	N	The quantity of the item dispensed. An implied decimal is required for the field – e.g. 30 tablets must be submitted as 3000 For a mixture, this is the total quantity of all ingredients – please see Details on Mixtures				
inHospitalInd	Element	String – 1	Y	Indicates whether the claim occurred while the beneficiary was In Hospital or Out of Hospital. Valid options are: - N = Out of Hospital - Y = In Hospital				
benefitCode	Element	String – 2	N	<table border="1"> <tr> <td>0 – Acute</td> <td>1 – Chronic</td> </tr> <tr> <td>2 – OTC</td> <td>3 – Oncology</td> </tr> </table> Default to “0” if not applicable – i.e. if no nappi code submitted, default to 0	0 – Acute	1 – Chronic	2 – OTC	3 – Oncology
0 – Acute	1 – Chronic							
2 – OTC	3 – Oncology							
thirdPartyInd	Element	String – 1	N	For future use – don’t populate tag in claim				
dispensingLocation	Element	String – 1	N	Where the medication was dispensed. Valid options are: - P = Pharmacy - D = Doctor Rooms - H = Hospital				
mixtureSequence	Element	Integer-5	N	Sequence number within a mixture sub-detail. This should be set to 0 for non-mixture lines. This should be set to 0 for the mixture header and set to 1 for the first ingredient and sequentially numbered for each of the mixture ingredients. If more than 1 mixture is submitted in a claim then this sequence is reused. See detail, under Appendix B				
mixtureType	Element	String – 2	N	An indicator for the type of <b>mixture</b> dispensed: 01 – Drops            02 – Liquid (Default) 03 – Cream            04 – Powder See detail, under Appendix B				
authorisationNo	Element	String – 20	N	Item pre-authorization code				
daysSupplied	Element	Integer – 5	Y	Number of days of treatment supplied				
daw	Element	String-2	N	Dispense as written code (default to “0”). Valid Options:				



				<ul style="list-style-type: none"> <li>- 0 = No DAW</li> <li>- 1 = Dr DAW</li> <li>- 2 = Pat DAW</li> <li>- 3 = Rph DAW</li> <li>- 4 = No generic available</li> <li>- 5 = Brand dispensed as generic</li> </ul>
originalScriptNo	Element	String – 10	N	The original script number in the case of a repeat
repeatNo	Element	Integer – 2	N	Number of this repeat
repeatAuthoriser	Element	String – 1	N	Who authorised this repeat. Valid options: <ul style="list-style-type: none"> <li>- D = Doctor</li> <li>- P = Pharmacy</li> </ul>
repeatAuthorised	Element	Integer – 2	N	Number of repeats authorised
treatingProviderBHF	Element	String-13	N	When a claim is submitted for a Group Practice, the provider's BHF Number who treated the patient must be captured here
LineTotals	Node		Y	The name of the node
grossAmount	Element	Decimal 8-2	Y	Shelf Price of consumable plus dispensing, container and excess time fees or Claimed Amount for service
nettAmount	Element	Decimal 8-2	Y	Gross less Discount less Levy less Surcharge less any payment made by the patient (nettAmount = grossAmount – discountAmount – levyAmount – surchargeAmount – patientPaidAmount)
discountAmount	Element	Decimal 8-2	Y	The total discount that the provider offers the scheme.
levyAmount	Element	Decimal 8-2	Y	An amount calculated at the time of dispensing and payable by the member to the service provider
copyFee	Element	Decimal 8-2	N	A copy fee may be charged for providing a copy of the prescription.
dispensingFee	Element	Decimal 8-2	N	The professional fee which the pharmacist may charge when dispensing a prescription item
professionalFee	Element	Decimal 8-2	N	The professional fee which the pharmacist may charge when dispensing a prescription item
containerFee	Element	Decimal 8-2	N	A container fee may be charged (currently included in the grossAmount)
vatAmount	Element	Decimal 8-2	N	VAT amount calculated on the item
surchargeAmount	Element	Decimal 8-2	N	Difference between MMAP/MPL price
patientPaidAmount	Element	Decimal 8-2	N	Amount payable by Patient (patientPaidAmount = surchargeAmount + levyAmount)
payInstruction	Element	String – 1	N	Whom the Funder must pay P = Provider (Default) M = Member
Diagnoses	Node		N	Group all <Diagnosis>



Diagnosis	Node		N	The name of the node
lineNo	Element	Integer – 4	Y	Line Number the Diagnosis code is applicable to
code	Element	String – 10	Y	Diagnosis code
type	Element	String-10	Y	Diagnosis Type: - ICD 10 - ICPC
qualifier	Element	String – 2	Y	Diagnosis qualifier P – Primary S – Secondary CM – Co-Morbidity CP – Complication

## 5 CLAIM/REVERSAL RESPONSE ELEMENT

Once a claim is received and processed by the relevant Administrator a response, is received from the Administrator, which is then translated and switched back to the practice's software vendor.

An online response will contain a single <Claim> element withing a <ClaimResponse> tag

### 5.1 *Claim (Response) Node*

This node describes the Response information that will be received by the Practice Management Application, after the claim has been processed

Example
<pre> &lt;?xml version="1.0" encoding="UTF-8"?&gt; &lt;ClaimResponse&gt;   &lt;Claim&gt;     &lt;transactionType&gt;Response&lt;/transactionType&gt;     &lt;providerBHF&gt;6068839&lt;/providerBHF&gt;     &lt;transactionNo&gt;45674&lt;/transactionNo&gt;     &lt;adminProcessDate&gt;2009-05-12-08:00&lt;/adminProcessDate&gt;     &lt;adminReferenceNo&gt;8071023518&lt;/adminReferenceNo&gt;     &lt;resultCode&gt;11&lt;/resultCode&gt;     &lt;resultDescription&gt;ACCEPTED&lt;/resultDescription&gt;     &lt;grossAmount&gt;130.07&lt;/grossAmount&gt;     &lt;nettAmount&gt;99.1&lt;/nettAmount&gt;     &lt;discountAmount&gt;0&lt;/discountAmount&gt;     &lt;levyAmount&gt;0&lt;/levyAmount&gt;     &lt;patientPayAmount&gt;30&lt;/patientPayAmount&gt;     &lt;surchargeAmount&gt;0&lt;/surchargeAmount&gt;     &lt;professionalFee&gt;41.85&lt;/professionalFee&gt;     &lt;dispensingFee&gt;2.5&lt;/dispensingFee&gt;     &lt;containerFee&gt;.5&lt;/containerFee&gt;   &lt;/Claim&gt;   &lt;Messages&gt; </pre>





```

<Message>
  <code>195</code>
  <description>Membership number cross referenced - Option change.</description>
  <severity>I</severity>
  <conflictCode/>
  <otherProviderInd/>
  <otherDate/>
  <otherQuantity/>
  <conflictReferenceNo>8071023518</conflictReferenceNo>
  <comment/>
  <productMessage/>
  <generalMessage/>
</Message>
</Messages>
</Claim>
</ClaimResponse>

```

The below instance will occur, only once per claim

Name		Data Type	Manda-tory	Notes
Claim	Node		Y	This is the name of the node.
transactionType	Element	String-20	Y	Identifies what type of transaction this. This will be defaulted to "Response"
providerBHF	Element	String-13	Y	The BHF number of the service provider
transactionNo	Element	String-20	Y	The practice's Script Number or Account Reference Number
adminProcessDate	Element	Date-Time	Y	Date the Administrator
adminReferenceNo	Element	String-20	Y	The unique reference/authorisation number to indicate that the claim was approved/authorised/benefit booked
resultCode	Element	String - 2	Y	Result Code of Processing. Valid options: <ul style="list-style-type: none"> <li>- 11 = Whole Claim Approved</li> <li>- 12 = Whole Claim Rejected</li> <li>- 15 = Mixed Items approved/rejected</li> <li>- 21 = Claim Reversal Accepted</li> <li>- 22 = Claim Reversal Rejected</li> <li>- 23 = Mixed item reversal accepted/rejected</li> </ul>
resultDescription	Element	String – 40	Y	<ul style="list-style-type: none"> <li>- Description of Result Code. Valid options:</li> <li>- 11 = Whole Claim Approved</li> <li>- 12 = Whole Claim Rejected</li> <li>- 15 = Mixed Items approved/rejected</li> <li>- 21 = Claim Reversal Accepted</li> <li>- 22 = Claim Reversal Rejected</li> <li>- 23 = Mixed item reversal accepted/rejected</li> </ul>
grossAmount	Element	Decimal 8-2	Y	Total Claimed Amount of claim (for pharmacy claims = Shelf price of consumables plus dispensingFee, containerFee and copyFee )
nettAmount	Element	Decimal 8-2	Y	Amount Scheme will pay for the claim.



				Gross minus Discount = Net minus Levy minus Surcharge = Approved Payable
discountAmount	Element	Decimal 8-2	Y	The discount the scheme offers the service provider
levyAmount	Element	Decimal 8-2	Y	Cumulative levy amount. Levy can either be calculated per consumable line or per claim.
patientPayAmount	Element	Decimal 8-2	Y	Amount at Claim Level which Patient is Liable for
surchargeAmount	Element	Decimal 8-2	Y	Cumulative surcharges
professionalFee	Element	Decimal 8-2	Y	The professional fee which the pharmacist may charge when dispensing a prescription item
dispensingFee	Element	Decimal 8-2	Y	Cumulative dispensingFee. The dispensing fee is included in the gross per consumable
containerFee	Element	Decimal 8-2	Y	Cumulative container/fee. The container fee is included in the gross per consumable
Messages	Node		N	Grouping for <Message> tags
Message	Node		N	This is the name of the node
code	Element	Integer	N	A specific error code
description	Element	String-80	N	Description of the error code to display to the service provider
severity	Element		N	R = Rejected; W = Warning I = Information
conflictCode	Element	String-2	N	"ID" - THERAPEUTIC DUPLICATIONS (same ingredient) "TD" - THERAPEUTIC DUPLICATIONS (same drug class) "SX" - GENDER ALERT "PA" - AGE CONFLICTS "DD" - DRUG DRUG INTERACTION "DC" - DRUG DISEASE INTERACTION
otherProviderInd	Element	Integer	N	1 – same provider 2 – different provider
otherDate	Element	Date	N	The date the previous claim was fulfilled
otherQuantity	Element	Integer	N	The quantity of the conflicting agent that was supplied
conflictReferenceNo	Element	String-20	N	The unique reference/authorisation number to indicate that the claim was approved/authorised/benefit booked
comment	Element	String – 30	N	Any additional information relating to the DUE/DUR rejection or alert
productMessage	Element	String-30	N	Message about the product codes interaction
generalMessage	Element	String-30	N	General comment message



## 5.2 Line (Response) Node

The below instance can have multiple occurrences per claim

Example
<pre> &lt;?xml version="1.0" encoding="UTF-8"?&gt; &lt;Claim&gt;   &lt;transactionType&gt;Response&lt;/transactionType&gt;   &lt;providerBHF&gt;6068839&lt;/providerBHF&gt;   &lt;transactionNo&gt;45674&lt;/transactionNo&gt;   &lt;adminProcessDate&gt;2009-05-12-08:00&lt;/adminProcessDate&gt;   &lt;adminReferenceNo&gt;8071023518&lt;/adminReferenceNo&gt;   &lt;resultCode&gt;11&lt;/resultCode&gt;   &lt;resultDescription&gt;ACCEPTED&lt;/resultDescription&gt;   &lt;grossAmount&gt;130.07&lt;/grossAmount&gt;   &lt;nettAmount&gt;99.1&lt;/nettAmount&gt;   &lt;discountAmount&gt;0&lt;/discountAmount&gt;   &lt;levyAmount&gt;0&lt;/levyAmount&gt;   &lt;patientPayAmount&gt;30&lt;/patientPayAmount&gt;   &lt;surchargeAmount&gt;0&lt;/surchargeAmount&gt;   &lt;professionalFee&gt;41.85&lt;/professionalFee&gt;   &lt;dispensingFee&gt;2.5&lt;/dispensingFee&gt;   &lt;containerFee&gt;.5&lt;/containerFee&gt;   &lt;Messages&gt;     &lt;Message&gt;       &lt;code&gt;195&lt;/code&gt;       &lt;description&gt;Membership number cross referenced - Option change.&lt;/description&gt;       &lt;severity&gt;I&lt;/severity&gt;       &lt;conflictCode/&gt;       &lt;otherProviderInd/&gt;       &lt;otherDate/&gt;       &lt;otherQuantity/&gt;       &lt;conflictReferenceNo&gt;8071023518&lt;/conflictReferenceNo&gt;       &lt;comment/&gt;       &lt;productMessage/&gt;       &lt;generalMessage/&gt;     &lt;/Message&gt;   &lt;/Messages&gt;   &lt;Lines&gt;     &lt;Line&gt;       &lt;lineNo&gt;1&lt;/lineNo&gt;       &lt;chargeableCode&gt;898635&lt;/chargeableCode&gt;       &lt;chargeableQuantity&gt;3000&lt;/chargeableQuantity&gt;       &lt;grossAmount&gt;130.07&lt;/grossAmount&gt;       &lt;nettAmount&gt;99.1&lt;/nettAmount&gt;       &lt;discountAmount&gt;0&lt;/discountAmount&gt;       &lt;levyAmount&gt;30&lt;/levyAmount&gt;       &lt;patientPayAmount&gt;30&lt;/patientPayAmount&gt;       &lt;surchargeAmount&gt;0&lt;/surchargeAmount&gt;       &lt;professionalFee&gt;41.85&lt;/professionalFee&gt; </pre>



```

<dispensingFee>2.5</dispensingFee>
<containerFee>.5</containerFee>
<benefitCode>1</benefitCode>
<authorisationNo>8071023518</authorisationNo>
<Messages>
  <Message>
    <code>84</code>
    <description>CDL medication match</description>
    <severity>I</severity>
    <conflictCode/>
    <otherProviderInd/>
    <otherDate/>
    <otherQuantity/>
    <conflictReferenceNo>8071023518</conflictReferenceNo>
    <comment/>
    <productMessage/>
    <generalMessage/>
  </Message>
</Messages>
</Line>
</Lines>
</Claim>
</ClaimResponse>

```

Name		Data Type	Mandatory	Notes
Lines	Node		Y	Grouping for <Line> node
Line	Node		Y	This is the name of the node.
lineNo	Element	Integer - 4	Y	A sequential numbering of the line elements. Number starts at 1 and ends at 9999
chargeableCode	Element	String-10	Y	Tariff or Nappi Code (only 1 <sup>st</sup> 6 digits) submitted on claim line
chargeableQuantity	Element	Integer - 6	N	The quantity of the item dispensed. An implied decimal is required for the field – e.g. 30 tablets will be returned as 3000
grossAmount	Element	Decimal 8-2	Y	Claimed Amount of Line (For pharmacy claims = Shelf price of consumables plus dispensingFee, containerFee and copyFee)
nettAmount	Element	Decimal 8-2	Y	Amount Scheme will pay for the claim. Gross minus Discount = Net minus Levy minus Surcharge = Approved Payable
discountAmount	Element	Decimal 8-2	Y	The discount the scheme offers the service provider
levyAmount	Element	Decimal 8-2	Y	Cumulative levy amount. Levy can either be calculated per consumable line or per claim.
patientPayAmount	Element	Decimal 8-2	Y	Levy + Surcharge



surchargeAmount	Element	Decimal 8-2	Y	Cumulative surcharges
professionalFee	Element	Decimal 8-2	Y	Professional fee, which the pharmacist charge when dispensing a prescription item.
dispensingFee	Element	Decimal 8-2	Y	Cumulative dispensingFee. The dispensing fee is included in the gross per consumable
containerFee	Element	Decimal 8-2	Y	Cumulative container fee. The container fee is included in the gross per consumable
benefitCode	Element	String-2	Y	Benefit Line paid from (e.g. Acute)
authorisationNo	Element	String-20	N	A pre-authorization number. This is used where an entire claim is pre-authorized by a scheme, or where stand-in is performed for a scheme.
Messages	Node		N	Grouping for Line <Message>
Message	Node		N	This is the name of the node
code	Element	Integer	N	A specific error code
description	Element	String-80	N	Description of the error code to display to the service provider
severity	Element		N	R = Rejected; W = Warning I = Information
conflictCode	Element	String-2	N	"ID" - THERAPEUTIC DUPLICATIONS (same ingredient) "TD" - THERAPEUTIC DUPLICATIONS (same drug class) "SX" - GENDER ALERT "PA" - AGE CONFLICTS "DD" - DRUG DRUG INTERACTION "DC" - DRUG DISEASE INTERACTION
otherProviderInd	Element	Integer	N	1 – same provider 2 – different provider
otherDate	Element	Date	N	The date the previous claim was fulfilled
otherQuantity	Element	Integer	N	The quantity of the conflicting agent that was supplied
conflictReferenceNo	Element	String-20	N	The unique reference/authorisation number to indicate that the claim was approved/authorised/benefit booked
comment	Element	String – 30	N	Any additional information relating to the DUE/DUR rejection or alert
productMessage	Element	String-30	N	Message about the product codes interaction
generalMessage	Element	String-30	N	General comment message


**APPENDIX A: DETAIL ON THE SERVICE FEES PHARMACISTS MAY BILL FOR (<results>)**

It has recently been gazetted that a pharmacy will be allowed to charge for certain services which they may perform – these services will be billed for by claiming a certain nappi code:

TEST PROCEDURE CODE / DUMMY NAPPI CODE	RESULT PARAMETER DESCRIPTION
0012 / 000012000	<b>Blood glucose</b> reading. Value to be displayed as a number with two digits displayed after the implied decimal point. Reading entered shall be in mmol/l
0013 / 000013000	<b>Blood cholesterol</b> reading. Value to be displayed as a number with two digits displayed after the implied decimal point.
0013 / 000013000	<b>LDL Triglyceride</b> reading. Value to be displayed as a number with two digits displayed after the implied decimal point.
0013 / 000013000	<b>HDL Triglyceride</b> reading. Value to be displayed as a number with two digits displayed after the implied decimal point.
0015 / 000015000	<b>Systolic blood pressure</b> reading. Value to be displayed as a number with no decimal points; implied or otherwise. Reading entered shall be in mm/Hg
0015 / 000015000	<b>Diastolic blood pressure</b> reading. Value to be displayed as a number with no decimal points; implied or otherwise. Reading entered shall be in mm/Hg
0017 / 000017000	<b>HIV and AIDS testing results.</b> Result displayed shall be: Pos – for HIV / AIDS positive test result Neg - for HIV / AIDS negative test result
0019 / 000019000	<b>Peak flow measurement</b> results. Value to be displayed as a number with two digits displayed after the implied decimal point. Reading entered shall be in l/min
<b>Reserved for:</b> 0014 / 000014000	<b>Urine analysis</b> results. Result and value to be defined. N/A for 2010.
<b>Reserved for:</b> 0014 / 000014000	<b>Urine analysis</b> results. Result and value to be defined. N/A for 2010.
<b>Reserved for:</b> 0014 / 000014000	<b>Urine analysis</b> results. Result and value to be defined. N/A for 2010.
<b>Reserved for:</b> 0014 / 000014000	<b>Urine analysis</b> results. Result and value to be defined. N/A for 2010.
<b>Reserved for:</b> 0014 / 000014000	<b>Urine analysis</b> results. Result and value to be defined. N/A for 2010.
<b>Reserved for:</b> 0018 / 000018000	<b>Pregnancy test</b> results. Result and value to be defined. N/A
<b>Reserved for:</b>	

TEST PROCEDURE CODE / DUMMY NAPPI CODE	RESULT PARAMETER DESCRIPTION
0012 / 000012000	<b>Blood glucose</b> reading. Value to be displayed as a number with two digits displayed



	after the implied decimal point. Reading entered shall be in mmol/l												
0013 / 000013000	<b>Blood cholesterol</b> reading. Value to be displayed as a number with two digits displayed after the implied decimal point. <table border="1" data-bbox="591 415 1304 485"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
0013 / 000013000	<b>LDL Triglyceride</b> reading. Value to be displayed as a number with two digits displayed after the implied decimal point.												
0013 / 000013000	<b>HDL Triglyceride</b> reading. Value to be displayed as a number with two digits displayed after the implied decimal point.												
0015 / 000015000	<b>Systolic blood pressure</b> reading. Value to be displayed as a number with no decimal points; implied or otherwise. Reading entered shall be in mm/Hg												
0015 / 000015000	<b>Diastolic blood pressure</b> reading. Value to be displayed as a number with no decimal points; implied or otherwise. Reading entered shall be in mm/Hg												
0017 / 000017000	<b>HIV and AIDS testing results.</b> Result displayed shall be: Pos – for HIV / AIDS positive test result Neg - for HIV / AIDS negative test result												
0019 / 000019000	<b>Peak flow measurement</b> results. Value to be displayed as a number with two digits displayed after the implied decimal point. Reading entered shall be in l/min												
<b>Reserved for:</b> 0014 / 000014000	<b>Urine analysis</b> results. Result and value to be defined. N/A for 2010.												
<b>Reserved for:</b> 0014 / 000014000	<b>Urine analysis</b> results. Result and value to be defined. N/A for 2010.												
<b>Reserved for:</b> 0014 / 000014000	<b>Urine analysis</b> results. Result and value to be defined. N/A for 2010.												
<b>Reserved for:</b> 0014 / 000014000	<b>Urine analysis</b> results. Result and value to be defined. N/A for 2010.												
<b>Reserved for:</b> 0014 / 000014000	<b>Urine analysis</b> results. Result and value to be defined. N/A for 2010.												
<b>Reserved for:</b> 0018 / 000018000	<b>Pregnancy test</b> results. Result and value to be defined. N/A												
<b>Reserved for:</b>													



## APPENDIX B: DETAIL ON MIXTURES

- LineNo should increment with mixture header and ingredient count.
  - e.g. if a mixture was submitted with 2 ingredients, then 3 lines should exist (Header - line 1 and line 2,3 for the ingredients).
- LineType should be M for Mixture.
- Valid options for Mixture Type :

An indicator for the type of **mixture** dispensed:

01 – Drops	02 – Liquid (Default)
03 – Cream	04 – Powder

- The mixtureSequence defaults to '0' for the mixture header record. Set to '1' for the first ingredient within a mixture then increment by 1 for each new ingredient.
- If the Line Type is 'M' and the mixtureSequence is '0' then the grossAmount should be the summary of all ingredient values.
- If the Line Type is 'M' and the mixtureSequence is '0' then the nettAmount should be the summary of all ingredient values.
- If the Line Type is 'M' and the mixtureSequence is '0' then the quantity should be the summary of all ingredient values.
- When Line Type is 'M' and the mixtureSequence > '0', then the grossAmount should be the ingredient value only.
- The following amounts should only be reflected on Mixture Header Level, not ingredients.
  - Nett Amount
  - Discount Amount ;
  - Levy Amount ;
  - Surcharge Amount;
  - Professional Fee;
  - Dispensing Fee;
  - Container Fee ;
  - Vat Amount ;
  - Patient Pay Amount





## APPENDIX C: XSD FOR CLAIM/REVERSAL REQUEST AND RESPONSE

It is requested that external parties NOT send us empty/optional tags, where they have no data inside them.

```

<?xml version="1.0" encoding="UTF-8" standalone="yes" ?>
= <xs:schema version="1.0" xmlns:xs="http://www.w3.org/2001/XMLSchema">
  <xs:element name="ClaimRequest" type="claimRequest" />
= <xs:complexType name="claimRequest">
= <xs:all>
  <xs:element name="version" type="xs:float" minOccurs="1" />
  <xs:element name="Claim" type="claim" minOccurs="1" />
  </xs:all>
</xs:complexType>
= <xs:complexType name="claim">
= <xs:all>
  <xs:element name="transactionType" type="xs:string" minOccurs="1" />
  <xs:element name="testClaim" type="xs:boolean" minOccurs="1" />
  <xs:element name="planCode" type="xs:string" minOccurs="1" />
  <xs:element name="providerType" type="xs:string" minOccurs="0" />
  <xs:element name="providerBHF" type="xs:string" minOccurs="1" />
  <xs:element name="providerName" type="xs:string" minOccurs="1" />
  <xs:element name="prescribingProviderBHF" type="xs:string" minOccurs="0" />
  <xs:element name="prescribingProviderName" type="xs:string" minOccurs="0" />
  <xs:element name="transactionNo" type="xs:string" minOccurs="1" />
  <xs:element name="authorisationNo" type="xs:string" minOccurs="0" />
  <xs:element name="inHospitalClaim" type="xs:string" minOccurs="1" />
  <xs:element name="receiptAmount" type="xs:float" minOccurs="0" />
  <xs:element name="providerSubmittedInd" type="xs:string" minOccurs="1" />
  <xs:element name="source" type="xs:string" minOccurs="1" />
  <xs:element name="transactionDate" type="dateType" minOccurs="1" />
  <xs:element name="numLines" type="xs:integer" minOccurs="1" />
  <xs:element name="itemCount" type="xs:integer" minOccurs="1" />
  <xs:element name="Membership" type="membership" minOccurs="1" />
  <xs:element name="ClaimTotals" type="claimTotals" minOccurs="1" />
= <xs:element name="Lines" minOccurs="1">
= <xs:complexType>
= <xs:sequence>
  <xs:element name="Line" type="line" maxOccurs="unbounded" minOccurs="1" />
  </xs:sequence>
</xs:complexType>
</xs:element>
</xs:all>
</xs:complexType>
= <xs:complexType name="membership">
= <xs:all>
  <xs:element name="membershipNo" type="xs:string" minOccurs="1" />
  <xs:element name="memberInitials" type="xs:string" minOccurs="1" />

```



```

<xs:element name="memberFirstName" type="xs:string" minOccurs="1" />
<xs:element name="memberSurname" type="xs:string" minOccurs="1" />
<xs:element name="memberTitle" type="xs:string" minOccurs="0" />
<xs:element name="beneficiaryInitials" type="xs:string" minOccurs="0" />
<xs:element name="beneficiaryFirstName" type="xs:string" minOccurs="1" />
<xs:element name="beneficiarySurname" type="xs:string" minOccurs="1" />
<xs:element name="beneficiaryDOB" type="xs:date" minOccurs="1" />
<xs:element name="beneficiaryGender" type="xs:string" minOccurs="1" />
<xs:element name="beneficiaryId" type="xs:string" minOccurs="0" />
<xs:element name="dependantNo" type="xs:integer" minOccurs="0" />
  </xs:all>
</xs:complexType>
= <xs:complexType name="claimTotals">
= <xs:all>
  <xs:element name="claimGross" type="xs:float" minOccurs="1" />
  <xs:element name="claimNett" type="xs:float" minOccurs="1" />
  <xs:element name="claimDiscount" type="xs:float" minOccurs="0" />
  <xs:element name="claimLevy" type="xs:float" minOccurs="1" />
  <xs:element name="claimCopy" type="xs:float" minOccurs="0" />
  <xs:element name="claimDispensingFee" type="xs:float" minOccurs="0" />
  <xs:element name="claimProfessionalFee" type="xs:float" minOccurs="0" />
  <xs:element name="claimContainerFee" type="xs:float" minOccurs="0" />
  <xs:element name="claimVATAmount" type="xs:float" minOccurs="0" />
  <xs:element name="claimSurcharge" type="xs:float" minOccurs="0" />
  <xs:element name="claimPatientPayAmount" type="xs:float" minOccurs="0" />
  <xs:element name="payInstruction" type="xs:string" minOccurs="0" />
  </xs:all>
</xs:complexType>
= <xs:complexType name="line">
= <xs:all>
  <xs:element name="lineNo" type="xs:integer" minOccurs="1" />
  <xs:element name="lineType" type="xs:string" minOccurs="1" />
  <xs:element name="itemCodeType" type="xs:string" minOccurs="1" />
  <xs:element name="chargeableCode" type="xs:string" minOccurs="1" />
  <xs:element name="extendedCode" type="xs:string" minOccurs="0" />
  <xs:element name="chargeableDescription" type="xs:string" minOccurs="0" />
  <xs:element name="results" type="xs:string" minOccurs="0" />
  <xs:element name="chargeableTreatmentDate" type="xs:date" minOccurs="1" />
  <xs:element name="chargeableStartTime" type="xs:date" minOccurs="0" />
  <xs:element name="chargeableEndTime" type="xs:date" minOccurs="0" />
  <xs:element name="chargeableDuration" type="xs:integer" minOccurs="0" />
  <xs:element name="chargeableQuantity" type="xs:integer" minOccurs="0" />
  <xs:element name="inHospitalInd" type="xs:string" minOccurs="1" />
  <xs:element name="benefitCode" type="xs:string" minOccurs="0" />
  <xs:element name="thirdPartyInd" type="xs:string" minOccurs="0" />
  <xs:element name="dispensingLocation" type="xs:string" minOccurs="0" />
  <xs:element name="mixtureSequence" type="xs:integer" minOccurs="0" />

```



```

<xs:element name="mixtureType" type="xs:integer" minOccurs="0" />
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<xs:element name="daysSupplied" type="xs:integer" minOccurs="0" />
<xs:element name="daw" type="xs:string" minOccurs="0" />
<xs:element name="originalScriptNo" type="xs:string" minOccurs="0" />
<xs:element name="repeatNo" type="xs:string" minOccurs="0" />
<xs:element name="repeatAuthoriser" type="xs:string" minOccurs="0" />
<xs:element name="repeatAuthorised" type="xs:integer" minOccurs="0" />
<xs:element name="treatingProviderBHF" type="xs:string" minOccurs="0" />
- <xs:element name="Diagnoses" minOccurs="0">
- <xs:complexType>
- <xs:sequence>
  <xs:element name="Diagnosis" type="diagnosis" maxOccurs="unbounded" minOccurs="1" />
  </xs:sequence>
  </xs:complexType>
  </xs:element>
  <xs:element name="LineTotals" type="lineTotals" minOccurs="1" />
  </xs:all>
  </xs:complexType>
- <xs:complexType name="diagnosis">
- <xs:all>
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  <xs:element name="code" type="xs:string" minOccurs="1" />
  <xs:element name="type" type="xs:string" minOccurs="1" />
  <xs:element name="qualifier" type="xs:string" minOccurs="1" />
  </xs:all>
  </xs:complexType>
- <xs:complexType name="lineTotals">
- <xs:all>
  <xs:element name="grossAmount" type="xs:float" minOccurs="1" />
  <xs:element name="nettAmount" type="xs:float" minOccurs="1" />
  <xs:element name="discountAmount" type="xs:float" minOccurs="1" />
  <xs:element name="levyAmount" type="xs:float" minOccurs="1" />
  <xs:element name="copyFee" type="xs:float" minOccurs="0" />
  <xs:element name="dispensingFee" type="xs:float" minOccurs="0" />
  <xs:element name="professionalFee" type="xs:float" minOccurs="0" />
  <xs:element name="containerFee" type="xs:float" minOccurs="0" />
  <xs:element name="vatAmount" type="xs:float" minOccurs="0" />
  <xs:element name="surchargeAmount" type="xs:float" minOccurs="0" />
  <xs:element name="patientPaidAmount" type="xs:float" minOccurs="0" />
  <xs:element name="payInstruction" type="xs:string" minOccurs="0" />
  </xs:all>
  </xs:complexType>
- <xs:simpleType name="dateType">
- <xs:annotation>
  <xs:documentation>Date with the following format: YYYY-MM-DD HH-mm-
  SS.sss</xs:documentation>

```



```

</xs:annotation>
= <xs:restriction base="xs:string">
  <xs:pattern value="\d{4}-\d{2}-\d{2}\s\d{2}-\d{2}-\d{2}(\.\d{3})?" />
  </xs:restriction>
</xs:simpleType>
</xs:schema>

<?xml version="1.0" encoding="UTF-8" standalone="yes" ?>
= <xs:schema version="1.0" xmlns:xs="http://www.w3.org/2001/XMLSchema">
  <xs:element name="ClaimResponse" type="claimResponse" />
= <xs:complexType name="claimResponse">
= <xs:all>
  <xs:element ref="Claim" minOccurs="1" />
  </xs:all>
  </xs:complexType>
  <xs:element name="Claim" type="claim" />
= <xs:complexType name="claim">
= <xs:all>
  <xs:element name="transactionType" type="xs:string" minOccurs="1" />
  <xs:element name="providerBHF" type="xs:string" minOccurs="1" />
  <xs:element name="transactionNo" type="xs:string" minOccurs="1" />
  <xs:element name="adminProcessDate" type="dateType" minOccurs="1" />
  <xs:element name="adminReferenceNo" type="xs:string" minOccurs="1" />
  <xs:element name="resultCode" type="xs:string" minOccurs="1" />
  <xs:element name="resultDescription" type="xs:string" minOccurs="1" />
  <xs:element name="grossAmount" type="xs:float" minOccurs="1" />
  <xs:element name="nettAmount" type="xs:float" minOccurs="1" />
  <xs:element name="discountAmount" type="xs:float" minOccurs="1" />
  <xs:element name="levyAmount" type="xs:float" minOccurs="1" />
  <xs:element name="patientPayAmount" type="xs:float" minOccurs="1" />
  <xs:element name="surchargeAmount" type="xs:float" minOccurs="1" />
  <xs:element name="professionalFee" type="xs:float" minOccurs="1" />
  <xs:element name="dispensingFee" type="xs:float" minOccurs="1" />
  <xs:element name="containerFee" type="xs:float" minOccurs="1" />
= <xs:element name="Messages" minOccurs="0">
= <xs:complexType>
= <xs:sequence>
  <xs:element name="Message" type="message" maxOccurs="unbounded" minOccurs="0" />
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  </xs:complexType>
  </xs:element>
= <xs:element name="Lines" minOccurs="1">
= <xs:complexType>
= <xs:sequence>
  <xs:element name="Line" type="line" maxOccurs="unbounded" minOccurs="1" />
  </xs:sequence>

```



```

</xs:complexType>
</xs:element>
</xs:all>
</xs:complexType>
= <xs:complexType name="message">
= <xs:all>
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<xs:element name="severity" type="xs:string" minOccurs="0" />
<xs:element name="conflictCode" type="xs:string" minOccurs="0" />
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<xs:element name="otherDate" type="dateType" minOccurs="0" />
<xs:element name="otherQuantity" type="xs:int" minOccurs="0" />
<xs:element name="conflictReferenceNo" type="xs:string" minOccurs="0" />
<xs:element name="comment" type="xs:string" minOccurs="0" />
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<xs:element name="generalMessage" type="xs:string" minOccurs="0" />
</xs:all>
</xs:complexType>
= <xs:complexType name="line">
= <xs:all>
<xs:element name="lineNo" type="xs:int" minOccurs="1" />
<xs:element name="chargeableCode" type="xs:string" minOccurs="1" />
<xs:element name="chargeableQuantity" type="xs:int" minOccurs="0" />
<xs:element name="grossAmount" type="xs:float" minOccurs="1" />
<xs:element name="nettAmount" type="xs:float" minOccurs="1" />
<xs:element name="discountAmount" type="xs:float" minOccurs="1" />
<xs:element name="levyAmount" type="xs:float" minOccurs="1" />
<xs:element name="patientPayAmount" type="xs:float" minOccurs="1" />
<xs:element name="surchargeAmount" type="xs:float" minOccurs="1" />
<xs:element name="professionalFee" type="xs:float" minOccurs="1" />
<xs:element name="dispensingFee" type="xs:float" minOccurs="1" />
<xs:element name="containerFee" type="xs:float" minOccurs="1" />
<xs:element name="benefitCode" type="xs:string" minOccurs="1" />
<xs:element name="authorisationNo" type="xs:string" minOccurs="0" />
= <xs:element name="Messages" minOccurs="0">
= <xs:complexType>
= <xs:sequence>
<xs:element name="Message" type="message" maxOccurs="unbounded" minOccurs="0" />
</xs:sequence>
</xs:complexType>
</xs:element>
</xs:all>
</xs:complexType>
= <xs:simpleType name="dateType">
= <xs:annotation>

```



---

```
<xs:documentation>Date with the following format: YYYY-MM-DD HH-mm-SS.sss</xs:documentation>
</xs:annotation>
= <xs:restriction base="xs:string">
<xs:pattern value="\d{4}-\d{2}-\d{2}\s\d{2}-\d{2}-\d{2}(\.\d{3})?" />
</xs:restriction>
</xs:simpleType>
</xs:schema>
```



## APPENDIX D: EXAMPLES

### Claim Request

```

<?xml version="1.0" encoding="UTF-8"?>
<ClaimRequest>
<Claim>
  <transactionType>Request</transactionType>
  <testClaim>>false</testClaim>
  <planCode>BCOMQ</planCode>
  <providerType>PH</providerType>
  <providerBHF>6000000</providerBHF>
  <providerName>DUMMY NAME</providerName>
  <prescribingProviderBHF>1400000</prescribingProviderBHF>
  <prescribingProviderName>DUMMY NAME</prescribingProviderName>
  <transactionNo>4044480</transactionNo>
  <authorisationNo/>
  <inHospitalClaim>N</inHospitalClaim>
  <receiptAmount>0</receiptAmount>
  <providerSubmittedInd>Y</providerSubmittedInd>
  <source>SOFTWARE 0.1</source>
  <transactionDate> 2010-02-01-08-00-00</transactionDate>
  <numLines>3</numLines>
  <itemCount>3</itemCount>
<Membership>
  <membershipNo>123456789</membershipNo>
  <memberInitials>R</memberInitials>
  <memberFirstName>Ryan</memberFirstName>
  <memberSurname>Strydom</memberSurname>
  <memberTitle>Mr</memberTitle>
  <beneficiaryInitials>R</beneficiaryInitials>
  <beneficiaryFirstName>RAYS</beneficiaryFirstName>
  <beneficiarySurname>SUN</beneficiarySurname>
  <beneficiaryDOB>1935-12-30</beneficiaryDOB>
  <beneficiaryGender>M</beneficiaryGender>
  <beneficiaryId>35123067805</beneficiaryId>
  <dependantNo>00</dependantNo>
</Membership>
<ClaimTotals>
  <claimGross>550.52</claimGross>
  <claimNett>550.52</claimNett>
  <claimDiscount>0</claimDiscount>
  <claimLevy>0</claimLevy>
  <claimCopy>0</claimCopy>
  <claimDispensingFee>60.76</claimDispensingFee>
  <claimProfessionalFee>0</claimProfessionalFee>
  <claimContainerFee>.46</claimContainerFee>
  <claimVATAmount>67.61</claimVATAmount>
  <claimSurcharge>0</claimSurcharge>
  <claimPatientPayAmount>0</claimPatientPayAmount>

```



```
<payInstruction>P</payInstruction>
</ClaimTotals>
<Lines>
<Line>
  <lineNo>1</lineNo>
  <lineType>L</lineType>
  <itemCodeType>nappi</itemCodeType>
  <chargeableCode>824364</chargeableCode>
  <extendedCode>007</extendedCode>
  <chargeableDescription>ZILDEM 90MG BD TAB</chargeableDescription>
  <results/>
  <chargeableTreatmentDate>2010-02-01</chargeableTreatmentDate>
  <chargeableQuantity>6000</chargeableQuantity>
  <inHospitalInd>N</inHospitalInd>
  <benefitCode>1</benefitCode>
  <dispensingLocation>P</dispensingLocation>
  <mixtureSequence>0</mixtureSequence>
  <mixtureType/>
  <authorisationNo/>
  <daysSupplied>30</daysSupplied>
  <daw>3</daw>
  <originalScriptNo/>
  <repeatNo/>
  <repeatAuthoriser>D</repeatAuthoriser>
  <repeatAuthorised/>
  <treatingProviderBHF/>
  <LineTotals>
    <grossAmount>316.95</grossAmount>
    <nettAmount>316.95</nettAmount>
    <discountAmount>0</discountAmount>
    <levyAmount>0</levyAmount>
    <copyFee>0</copyFee>
    <dispensingFee>29.64</dispensingFee>
    <professionalFee>0</professionalFee>
    <containerFee>0</containerFee>
    <vatAmount>38.92</vatAmount>
    <surchargeAmount>0</surchargeAmount>
    <patientPaidAmount>0</patientPaidAmount>
    <payInstruction>P</payInstruction>
  </LineTotals>
  <Diagnoses>
  <Diagnosis>
    <lineNo>1</lineNo>
    <code>Z71.9</code>
    <type>ICD-10</type>
    <qualifier>P</qualifier>
  </Diagnosis>
</Diagnoses>
</Line>
<Line>
```





```
<lineNo>2</lineNo>
<lineType>L</lineType>
<itemCodeType>nappi</itemCodeType>
<chargeableCode>823481</chargeableCode>
<extendedCode>018</extendedCode>
<chargeableDescription>ECOTRIN 81MG TAB</chargeableDescription>
<results/>
<chargeableTreatmentDate>2010-02-01</chargeableTreatmentDate>
<chargeableQuantity>3000</chargeableQuantity>
<inHospitalInd>N</inHospitalInd>
<benefitCode>1</benefitCode>
<dispensingLocation>P</dispensingLocation>
<mixtureSequence>0</mixtureSequence>
<mixtureType/>
<authorisationNo/>
<daysSupplied>30</daysSupplied>
<daw>3</daw>
<originalScriptNo/>
<repeatNo/>
<repeatAuthoriser>D</repeatAuthoriser>
<repeatAuthorised/>
<treatingProviderBHF/>
<LineTotals>
  <grossAmount>30.89</grossAmount>
  <nettAmount>30.89</nettAmount>
  <discountAmount>0</discountAmount>
  <levyAmount>0</levyAmount>
  <copyFee>0</copyFee>
  <dispensingFee>1.48</dispensingFee>
  <professionalFee>0</professionalFee>
  <containerFee>.46</containerFee>
  <vatAmount>3.79</vatAmount>
  <surchargeAmount>0</surchargeAmount>
  <patientPaidAmount>0</patientPaidAmount>
  <payInstruction>P</payInstruction>
</LineTotals>
<Diagnoses>
  <Diagnosis>
    <lineNo>2</lineNo>
    <code>Z71.9</code>
    <type>ICD-10</type>
    <qualifier>P</qualifier>
  </Diagnosis>
</Diagnoses>
</Line>
<Line>
  <lineNo>3</lineNo>
  <lineType>L</lineType>
  <itemCodeType>nappi</itemCodeType>
```



```

<chargeableCode>831484</chargeableCode>
<extendedCode>006</extendedCode>
<chargeableDescription>LIPITOR 10MG TAB</chargeableDescription>
<results/>
<chargeableTreatmentDate>2010-02-01</chargeableTreatmentDate>
<chargeableQuantity>3000</chargeableQuantity>
<inHospitalInd>N</inHospitalInd>
<benefitCode>1</benefitCode>
<dispensingLocation>P</dispensingLocation>
<mixtureSequence>0</mixtureSequence>
<mixtureType/>
<authorisationNo/>
<daysSupplied>30</daysSupplied>
<daw>3</daw>
<originalScriptNo/>
<repeatNo/>
<repeatAuthoriser>D</repeatAuthoriser>
<repeatAuthorised/>
<treatingProviderBHF/>
  <LineTotals>
    <grossAmount>202.68</grossAmount>
    <nettAmount>202.68</nettAmount>
    <discountAmount>0</discountAmount>
    <levyAmount>0</levyAmount>
    <copyFee>0</copyFee>
    <dispensingFee>29.64</dispensingFee>
    <professionalFee>0</professionalFee>
    <containerFee>0</containerFee>
    <vatAmount>24.89</vatAmount>
    <surchargeAmount>0</surchargeAmount>
    <patientPaidAmount>0</patientPaidAmount>
    <payInstruction>P</payInstruction>
  </LineTotals>
  <Diagnoses>
    <Diagnosis>
      <lineNo>3</lineNo>
      <code>Z71.9</code>
      <type>ICD-10</type>
      <qualifier>P</qualifier>
    </Diagnosis>
  </Diagnoses>
</Line>
<Lines>
</Claim>
</ClaimRequest>

```

### Claim Response

```

<?xml version="1.0" encoding="UTF-8"?>
<ClaimResponse>

```



```
<Claim>
  <transactionType>Response</transactionType>
  <providerBHF>6000000</providerBHF>
  <transactionNo>4044480</transactionNo>
  <adminProcessDate>2010-02-01-08:00</adminProcessDate>
  <adminReferenceNo>8071023518</adminReferenceNo>
  <resultCode>11</resultCode>
  <resultDescription>ACCEPTED</resultDescription>
  <grossAmount>550.52</grossAmount>
  <nettAmount>498.92</nettAmount>
  <discountAmount>0</discountAmount>
  <levyAmount>0</levyAmount>
  <patientPayAmount>45.86</patientPayAmount>
  <surchargeAmount>45.86</surchargeAmount>
  <professionalFee>59.28</professionalFee>
  <dispensingFee>1.48</dispensingFee>
  <containerFee>.5</containerFee>
  <Messages>
    <Message>
      <code>435</code>
      <description>Benefit booked by scheme</description>
      <severity>I</severity>
      <conflictCode/>
      <otherProviderInd/>
      <otherDate/>
      <otherQuantity/>
      <conflictReferenceNo>8071023518</conflictReferenceNo>
      <comment/>
      <productMessage/>
      <generalMessage/>
    </Message>
  </Messages>
  <Lines>
    <Line>
      <lineNo>1</lineNo>
      <chargeableCode>824364</chargeableCode>
      <chargeableQuantity>3000</chargeableQuantity>
      <grossAmount>316.95</grossAmount>
      <nettAmount>316.95</nettAmount>
      <discountAmount>0</discountAmount>
      <levyAmount>0</levyAmount>
      <patientPayAmount>0</patientPayAmount>
      <surchargeAmount>0</surchargeAmount>
      <professionalFee>29.64</professionalFee>
      <dispensingFee>0</dispensingFee>
      <containerFee>0</containerFee>
      <benefitCode>14</benefitCode>
      <authorisationNo>8071023518</authorisationNo>
      <Messages>
        <Message>
```



```
<code>537</code>
<description>Prescribed Minimu Benefit (PMB) condition – Auth No: 428833532</description>
<severity>I</severity>
<conflictCode/>
<otherProviderInd/>
<otherDate/>
<otherQuantity/>
<conflictReferenceNo>8071023518</conflictReferenceNo>
<comment/>
<productMessage/>
<generalMessage/>
</Message>
</Messages>
</Line>
<Line>
  <lineNo>2</lineNo>
  <chargeableCode>823481</chargeableCode>
  <chargeableQuantity>3000</chargeableQuantity>
  <grossAmount>30.89</grossAmount>
  <nettAmount>25.15</nettAmount>
  <discountAmount>0</discountAmount>
  <levyAmount>0</levyAmount>
  <patientPayAmount>0</patientPayAmount>
  <surchargeAmount>0</surchargeAmount>
  <professionalFee>0</professionalFee>
  <dispensingFee>1.48</dispensingFee>
  <containerFee>.5</containerFee>
  <benefitCode>14</benefitCode>
  <authorisationNo>8071023518</authorisationNo>
  <Messages>
    <Message>
      <code>387</code>
      <description>Note: Price Difference</description>
      <severity>I</severity>
      <conflictCode/>
      <otherProviderInd/>
      <otherDate/>
      <otherQuantity/>
      <conflictReferenceNo>8071023518</conflictReferenceNo>
      <comment/>
      <productMessage/>
      <generalMessage/>
    </Message>
    <Message>
      <code>535</code>
      <description>Claimed amount reduced to tariff</description>
      <severity>I</severity>
      <conflictCode/>
      <otherProviderInd/>
      <otherDate/>
```



```
<otherQuantity/>
<conflictReferenceNo>8071023518</conflictReferenceNo>
<comment/>
<productMessage/>
<generalMessage/>
</Message>
<Message>
  <code>537</code>
  <description> Prescribed Minimu Benefit (PMB) condition – Auth No: 428833532</description>
  <severity>I</severity>
  <conflictCode/>
  <otherProviderInd/>
  <otherDate/>
  <otherQuantity/>
  <conflictReferenceNo>8071023518</conflictReferenceNo>
  <comment/>
  <productMessage/>
  <generalMessage/>
</Message>
</Messages>
<Line>
  <lineNo>3</lineNo>
  <chargeableCode>831484</chargeableCode>
  <chargeableQuantity>3000</chargeable Quantity>
  <grossAmount>202.68</grossAmount>
  <nettAmount>156.82</nettAmount>
  <discountAmount>0</discountAmount>
  <levyAmount>0</levyAmount>
  <patientPayAmount>45.86</patientPayAmount>
  <surchargeAmount>45.86</surchargeAmount>
  <professionalFee>29.64</professionalFee>
  <dispensingFee>0</dispensingFee>
  <containerFee>0</containerFee>
  <benefitCode>14</benefitCode>
  <authorisationNo>8071023518</authorisationNo>
  <Messages>
    <Message>
      <code>537</code>
      <description>Prescribed Minimu Benefit (PMB) condition – Auth No: 428833532</description>
      <severity>I</severity>
      <conflictCode/>
      <otherProviderInd/>
      <otherDate/>
      <otherQuantity/>
      <conflictReferenceNo>8071023518</conflictReferenceNo>
      <comment/>
      <productMessage/>
      <generalMessage/>
    </Message>
  </Message>
```



```
<code>387</code>
<description>MPL/MMAP/NMPL: price applied as per scheme rules</description>
<severity>l</severity>
<conflictCode/>
<otherProviderInd/>
<otherDate/>
<otherQuantity/>
<conflictReferenceNo>8071023518</conflictReferenceNo>
<comment/>
<productMessage/>
<generalMessage/>
</Message>
</Messages>
</Line>
</Lines>
</Claim>
</ClaimResponse>
```



### Reversal Request

```
<?xml version="1.0" encoding="UTF-8"?>
```

#### <ClaimRequest>

##### <Claim>

```
<transactionType>Reversal</transactionType>
<testClaim>>false</testClaim>
<planCode>BCOMQ</planCode>
<providerType>PH</providerType>
<providerBHF>6000000</providerBHF>
<providerName>DUMMY NAME</providerName>
<prescribingProviderBHF>1400000</prescribingProviderBHF>
<prescribingProviderName>DUMMY NAME</prescribingProviderName>
<transactionNo>4044480</transactionNo>
<authorisationNo/>
<inHospitalClaim>N</inHospitalClaim>
<receiptAmount>0</receiptAmount>
<providerSubmittedInd>Y</providerSubmittedInd>
<source>SOFTWARE 0.1</source>
<transactionDate> 2010-02-01-08-00-00</transactionDate>
<numLines>3</numLines>
<itemCount>3</itemCount>
```

##### <Membership>

```
<membershipNo>123456789</membershipNo>
  <memberInitials>R</memberInitials>
  <memberFirstName>Ryan</memberFirstName>
  <memberSurname>Strydom</memberSurname>
  <memberTitle>Mr</memberTitle>
  <beneficiaryInitials>R</beneficiaryInitials>
  <beneficiaryFirstName>RAYS</beneficiaryFirstName>
  <beneficiarySurname>SUN</beneficiarySurname>
  <beneficiaryDOB>1935-12-30</beneficiaryDOB>
  <beneficiaryGender>M</beneficiaryGender>
  <beneficiaryId>35123067805</beneficiaryId>
  <dependantNo>00</dependantNo>
```

##### </Membership>

##### <ClaimTotals>

```
<claimGross>550.52</claimGross>
<claimNett>550.52</claimNett>
<claimDiscount>0</claimDiscount>
<claimLevy>0</claimLevy>
<claimCopy>0</claimCopy>
<claimDispensingFee>60.76</claimDispensingFee>
<claimProfessionalFee>0</claimProfessionalFee>
<claimContainerFee>.46</claimContainerFee>
<claimVATAmount>67.61</claimVATAmount>
<claimSurcharge>0</claimSurcharge>
<claimPatientPayAmount>0</claimPatientPayAmount>
<payInstruction>P</payInstruction>
```

##### </ClaimTotals>

#### <Lines>



```
<Line>
  <lineNo>1</lineNo>
  <lineType>L</lineType>
  <itemCodeType>nappi</itemCodeType>
  <chargeableCode>824364</chargeableCode>
  <extendedCode>007</extendedCode>
  <chargeableDescription>ZILDEM 90MG BD TAB</chargeableDescription>
  <results/>
  <chargeableTreatmentDate>2010-02-01</chargeableTreatmentDate>
  <chargeableQuantity>6000</chargeableQuantity>
  <inHospitalInd>N</inHospitalInd>
  <benefitCode>1</benefitCode>
  <dispensingLocation>P</dispensingLocation>
  <mixtureSequence>0</mixtureSequence>
  <mixtureType/>
  <authorisationNo/>
  <daysSupplied>30</daysSupplied>
  <daw>3</daw>
  <originalScriptNo/>
  <repeatNo/>
  <repeatAuthoriser>D</repeatAuthoriser>
  <repeatAuthorised/>
  <treatingProviderBHF/>
  <LineTotals>
    <grossAmount>316.95</grossAmount>
    <nettAmount>316.95</nettAmount>
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    <professionalFee>0</professionalFee>
    <containerFee>0</containerFee>
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      <code>Z71.9</code>
      <type>ICD-10</type>
      <qualifier>P</qualifier>
    </Diagnosis>
  </Diagnoses>
</Line>
<Line>
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  <lineType>L</lineType>
  <itemCodeType>nappi</itemCodeType>
```





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<extendedCode>018</extendedCode>
<chargeableDescription>ECOTRIN 81MG TAB</chargeableDescription>
<results/>
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    <type>ICD-10</type>
    <qualifier>P</qualifier>
  </Diagnosis>
</Diagnoses>
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  <extendedCode>006</extendedCode>
  <chargeableDescription>LIPITOR 10MG TAB</chargeableDescription>
  <results/>
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  <patientPaidAmount>0</patientPaidAmount>
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  <Diagnosis>
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    <code>Z71.9</code>
    <type>ICD-10</type>
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</Diagnoses>
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### Reversal Response

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  <adminProcessDate>2010-02-01-08:00</adminProcessDate>
  <adminReferenceNo>8071023518</adminReferenceNo>
  <resultCode>21</resultCode>
  <resultDescription>ACCEPTED</resultDescription>
  <grossAmount>0</grossAmount>
  <nettAmount>0</nettAmount>
  <discountAmount>0</discountAmount>
  <levyAmount>0</levyAmount>
  <patientPayAmount>0</patientPayAmount>
  <surchargeAmount>0</surchargeAmount>
  <professionalFee>0</professionalFee>
  <dispensingFee>0</dispensingFee>
  <containerFee>0</containerFee>
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      <code>435</code>
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      <severity>I</severity>
      <conflictCode/>
      <otherProviderInd/>
      <otherDate/>
      <otherQuantity/>
      <conflictReferenceNo/>
      <comment/>
      <productMessage/>
      <generalMessage/>
    </Message>
  </Messages>
</Lines>
<Line>
  <lineNo>1</lineNo>
  <chargeableCode>824364</chargeableCode>
  <chargeableQuantity>6000</chargeableQuantity>
  <grossAmount>0</grossAmount>
  <nettAmount>0</nettAmount>
  <discountAmount>0</discountAmount>
  <levyAmount>0</levyAmount>
  <patientPayAmount>0</patientPayAmount>
  <surchargeAmount>0</surchargeAmount>
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  <dispensingFee>0</dispensingFee>
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```



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  <surchargeAmount>0</surchargeAmount>
  <professionalFee>0</professionalFee>
  <dispensingFee>0</dispensingFee>
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</Line>
  <lineNo>3</lineNo>
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  <patientPayAmount>0</patientPayAmount>
  <surchargeAmount>0</surchargeAmount>
  <professionalFee>0</professionalFee>
  <dispensingFee>0</dispensingFee>
  <containerFee>0</containerFee>
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  <authorisationNo>0</authorisationNo>
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</Lines>
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</ClaimResponse>
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### Mixture Claim Request

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<?xml version="1.0" encoding="UTF-8"?>
<ClaimRequest>
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  <testClaim>>false</testClaim>
  <planCode>BCOMQ</planCode>
  <providerType>PH</providerType>
  <providerBHF>6000000</providerBHF>
  <providerName>DUMMY NAME</providerName>
  <prescribingProviderBHF>1400000</prescribingProviderBHF>
  <prescribingProviderName>DUMMY NAME</prescribingProviderName>
  <transactionNo>4044480</transactionNo>
  <authorisationNo/>
  <inHospitalClaim>N</inHospitalClaim>
  <receiptAmount>0</receiptAmount>
  <providerSubmittedInd>Y</providerSubmittedInd>
  <source>SOFTWARE 0.1</source>
  <transactionDate> 2010-02-01-08-00-00</transactionDate>
  <numLines>5</numLines>
  <itemCount>3</itemCount>
<Membership>
  <membershipNo>123456789</membershipNo>
  <memberInitials>R</memberInitials>
  <memberFirstName>Ryan</memberFirstName>
  <memberSurname>Strydom</memberSurname>
  <memberTitle>Mr</memberTitle>
  <beneficiaryInitials>R</beneficiaryInitials>
  <beneficiaryFirstName>RAYS</beneficiaryFirstName>
  <beneficiarySurname>SUN</beneficiarySurname>
  <beneficiaryDOB>1935-12-30</beneficiaryDOB>
  <beneficiaryGender>M</beneficiaryGender>
  <beneficiaryId>35123067805</beneficiaryId>
  <dependantNo>00</dependantNo>
</Membership>
<ClaimTotals>
  <claimGross>183.64</claimGross>
  <claimNett>183.64</claimNett>
  <claimDiscount>0</claimDiscount>
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  <claimDispensingFee>37.89</claimDispensingFee>
  <claimProfessionalFee>0</claimProfessionalFee>
  <claimContainerFee>0</claimContainerFee>
  <claimVATAmount>22.55</claimVATAmount>
  <claimSurcharge>0</claimSurcharge>
  <claimPatientPayAmount>0</claimPatientPayAmount>
  <payInstruction>P</payInstruction>
</ClaimTotals>
<Lines>

```



```
<Line>
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  <extendedCode/>
  <chargeableDescription>SOLPHYLLEX/METAXOL</chargeableDescription>
  <results/>
  <chargeableTreatmentDate>2010-02-01</chargeableTreatmentDate>
  <chargeableQuantity>35000</chargeableQuantity>
  <inHospitalInd>N</inHospitalInd>
  <benefitCode>0</benefitCode>
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  <mixtureType>02</mixtureType>
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  <daw>0</daw>
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  <repeatNo/>
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  <repeatAuthorised/>
  <treatingProviderBHF/>
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    <dispensingFee>14.42</dispensingFee>
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        <type>ICD-10</type>
        <qualifier>P</qualifier>
      </Diagnosis>
    </Diagnoses>
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<Line>
  <lineNo>2</lineNo>
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```



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<results/>
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<daw>0</daw>
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<repeatAuthorised/>
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  <professionalFee>0</professionalFee>
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  <surchargeAmount>0</surchargeAmount>
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</LineTotals>
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    <type>ICD-10</type>
    <qualifier>P</qualifier>
  </Diagnosis>
</Diagnoses>
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  <extendedCode>027</extendedCode>
  <chargeableDescription>METAXOL COUGH SYR</chargeableDescription>
```



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<daw>0</daw>
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  <professionalFee>0</professionalFee>
  <containerFee>0</containerFee>
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  <payInstruction>P</payInstruction>
</LineTotals>
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  <Diagnosis>
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    <code>Z76.8</code>
    <type>ICD-10</type>
    <qualifier>P</qualifier>
  </Diagnosis>
</Diagnoses>
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<Line>
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  <lineType>L</lineType>
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  <extendedCode>001</extendedCode>
  <chargeableDescription>GRIPPON CAP</chargeableDescription>
<results/>
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<chargeableQuantity>2400</chargeableQuantity>
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<daw>0</daw>
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    </Diagnosis>
  </Diagnoses>
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  <extendedCode>018</extendedCode>
  <chargeableDescription>ACC 200 EFF TAB</chargeableDescription>
  <results/>
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  <chargeableQuantity>2500</chargeableQuantity>
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      <type>ICD-10</type>
      <qualifier>P</qualifier>
    </Diagnosis>
  </Diagnoses>
</Line>
</Lines>
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</ClaimRequest>
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### Mixture Claim Response

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<ClaimResponse>
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    <providerBHF>6000000</providerBHF>
    <transactionNo>4044480</transactionNo>
    <adminProcessDate>2010-02-01-08:00</adminProcessDate>
    <adminReferenceNo>8071023518</adminReferenceNo>
    <resultCode>11</resultCode>
    <resultDescription>ACCEPTED</resultDescription>
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    <nettAmount>15364</nettAmount>
    <discountAmount>0</discountAmount>
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    <dispensingFee>0</dispensingFee>
    <containerFee>0</containerFee>
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      <Message>
        <code>435</code>
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        <severity>I</severity>
        <conflictCode/>
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        <otherQuantity/>
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        <comment/>
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    </Messages>
  <Lines>
    <Line>
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```



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<Messages>
  <Message>
    <code>537</code>
    <description>Acute condition – Auth No: 428833532</description>
    <severity>I</severity>
    <conflictCode/>
    <otherProviderInd/>
    <otherDate/>
    <otherQuantity/>
    <conflictReferenceNo>8071023518</conflictReferenceNo>
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    <productMessage/>
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  <levyAmount>0</levyAmount>
  <patientPayAmount>0</patientPayAmount>
  <surchargeAmount>0</surchargeAmount>
  <professionalFee>0</professionalFee>
  <dispensingFee>1.48</dispensingFee>
  <containerFee>0</containerFee>
  <benefitCode>0</benefitCode>
  <authorisationNo>8071023518</authorisationNo>
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      <description> Acute condition – Auth No: 428833532</description>
      <severity>I</severity>
      <conflictCode/>
      <otherProviderInd/>
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      <otherQuantity/>
      <conflictReferenceNo>8071023518</conflictReferenceNo>
      <comment/>
      <productMessage/>
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  <discountAmount>0</discountAmount>
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  <patientPayAmount>0</patientPayAmount>
  <surchargeAmount>0</surchargeAmount>
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  <containerFee>0</containerFee>
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      <code>537</code>
      <description>Acute condition – Auth No: 428833532</description>
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      <conflictCode/>
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      <otherDate/>
      <otherQuantity/>
      <conflictReferenceNo>8071023518</conflictReferenceNo>
      <comment/>
      <productMessage/>
      <generalMessage/>
    </Message>
  </Messages>
</Line>
</Lines>
</Claim>
</ClaimResponse>
```