

## Industry ECLIPSE IHC Response Codes V2.0

Assessment Code Accept/Reject/Info	Response Code	Description
R	1005	Facility Id not known to fund
R	1008	EFT Details have not been registered with Fund
I	2002	Service is within the required waiting period
R	2009	Benefit not payable under this level of cover
A	2006	Benefit not payable for services claimed
A/R	2016	Benefit for this service has been previously paid
R	2999	Processing error. Contact Fund
R	2500	Certificate has not been provided
I	2501	Claim Held For Review
I	2502	Claim held during Contract Change
A	2503	Benefit Paid At Contract Rate
R	2504	Date validation failed. Check all dates submitted in claim
R	2505	Bed Level selected is not accepted by Fund
R	2506	Incorrect Charge Amount
R	2507	Incorrect Service Code or DRG supplied
R	2508	Incorrect Service Code Type selected
R	2509	Incorrect Charge Indicator Set
R	2510	Claim charged as Casemix Episodic Payment instead of Fee For Service
R	2511	Claim charged as Fee For Service instead of Casemix Episodic Payment
I	2512	Claim held for Accident Certificate or PEA
R	2513	Continuous Episode. Please Adjust Original Claim
R	2514	Duplicate Date Of Service
R	2515	Incorrect Patient Classification
R	2516	Health Fund does not accept Adjustment Claims. Submit paper claim
R	2517	Original Claim not found. Adjustment claim cannot be processed.
R	2518	Supplementary claims should only contain prosthetic or miscellaneous items
R	2519	Invalid data sent
A	2520	Reduced benefit as per member level of cover
R	2521	Non-DRG Morbidity data has not been supplied
R	2522	Transport charges not accepted by this Fund
R	2523	Medical Services not accepted by this Fund
R	2524	Service code required
R	2525	Private room add-on error
R	2526	ICU or Ventilation Hours must be supplied
R	2527	Interim claims cannot be accepted by Fund. Send paper claim.
R	2528	Theatre details must be supplied
R	2529	New Born addition to membership cannot be actioned automatically by Fund
I	2530	Fund specific information message
R	2531	Re-Admission within 7 days. Please check charges.
R	2532	Original accommodation claim not found. Supplementary claim cannot be accepted
A	2533	Claim paid at Nursing Home Type Patient rates
A	2534	Benefit Limitation Period applies
R	2535	Supplementary claim cannot be accepted by Fund
R	2536	Manual review of original claim done. Adjustment cannot be processed
R	2537	Date of service older than agreed contract submission date
R	2538	Claim does not meet contract agreement for electronic claiming
R	9999	Claim rejected refer to individual service line assessments for reason