

PHISC MESSAGE STANDARDS SUBCOMMITTEE:

SOUTH AFRICAN STANDARD MESSAGE

MEDCLM

MEDICAL AID CLAIMS MESSAGE

Message Type	:	MEDCLM
Version	:	0
Release	:	912
Contr. Agency	:	ZA
Revision number	:	13.5
Status	:	0
Date	:	2021-04

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0 Introduction

This specification provides the definition of the Medical Claims Message (MEDCLM) to be used in Electronic Data Interchange (EDI) between trading partners involved in medical claims administration according to UN/EDIFACT standards.

1 Scope

1.1 Functional Definition

A message specifying details of medical goods, services, and medicines received from suppliers as agreed between trading partners.

1.2 Field of Application

The medical claims message (MEDCLM) may be used nationally for claims of medical goods, services and medicines rendered.

1.3 Principles

A supplier may claim for one or more medical goods, services or medicines. A single medical claims message may refer to numerous medical goods, services or medicines per patient, indicating one or more service dates when these medical goods, services or medicines were rendered.

2 References

Representative Association of Medical Schemes (RAMS)

See UNTDID, Part 4, Section 2.5, UN/ECE UNSM - General Introduction, Section 1.

3 Terms and Definitions

The medical supplier may be a medical practitioner, a hospital, a pharmacy or supplier of medical goods, services or medicines. The medical aid may be a medical aid scheme, medical insurer or medical administrator. It is the party settling an account on behalf of patients. The message may only contain one claim. See UNTDID, Part 4, Section 2.5, UN/ECE UNSM - General Introduction, Section 2.

3.1 DATA FORMATS

All numeric fields must be "USAGE DISPLAY"

All negative numeric fields must be LEADING SIGNED

All numeric fields which carry amounts or monetary values have two implied decimal places. There are no embedded points or commas.

All numeric fields must be right-justified, and **not** zero filled.

VAT is all inclusive.

4 Message Definition

4.1 Data Segment Clarification

This section should be read in conjunction with the Branching Diagram and the Segment Table which indicate mandatory, conditional and repeating requirements.

4.1.1 Heading Section

Information to be provided in the Heading Section:

UNH MESSAGE HEADER

Mandatory

Occurrence 1

A service segment to identify the message type, version and release, and a unique reference number

Function: To head, identify and specify a message.

0062	MESSAGE REFERENCE NUMBER	M	an..14	Unique reference number which will be the same in the UNT
S009	MESSAGE IDENTIFIER	M		
0065	Message type identifier	M	an..6	MEDCLM
0052	Message type version number	M	an..3	0
0054	Message type release number	M	an..3	912
0051	Controlling agency	M	an..2	ZA
0057	Association assigned code	C	an..6	013
0068	COMMON ACCESS REFERENCE	C	an..35	
S010	STATUS OF THE TRANSFER	C	an..35	
0070	Sequence message transfer number	M	n..2	
0073	First/last sequence message transfer indication	C	a1	

Example: UNH+0001782+MEDCLM:0:912:ZA'

Notes:

UNH - A service segment to identify the message type, version, release and unique reference number.(Translator should do all this)				
Element	Qualifier	Data required	Mandatory / Optional	Supplier
0062		Interchange number	Mandatory	All
0065		MEDCLM	Mandatory	All
0052		0	Mandatory	All
0054		912	Mandatory	All
0051		ZA	Mandatory	All
0057		Revision number (version number) of message, ie. 013	Optional	All
0070		Message number	Optional	All
0073		F or L	Optional	All

BGM BEGINNING OF MESSAGE

Conditional

Occurrence 1

Function: To identify the date / number of which this transmission was created.

C002	DOCUMENT/MESSAGE NAME	C		NOT USED
1001	Document/message name, coded	C	an..3	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
1000	DOCUMENT/MESSAGE NAME	C	an..35	NOT USED
1004	DOCUMENT/MESSAGE NUMBER	C	an..35	NOT USED
C507	DATE/TIME/PERIOD	C		
2005	Date/time/period qualifier	M	an..3	97 = transaction creation date
2380	Date/time/period	M	an..35	Data for qualifier(s) in element 2005
2379	Date/time/period format qualifier	M	an..3	102 = CCYYMMDD
1225	MESSAGE FUNCTION, CODED	C	an..3	NOT USED
C506	REFERENCE	C		
1153	Reference qualifier	M	an..3	BAT = batch number
1154	Reference number	C	an..35	Data for qualifier(s) in element 1153 (Usage is 18 digits zero filled)
1156	Line number	C	an..6	
C507	DATE/TIME/PERIOD	C		NOT USED
2005	Date/time/period qualifier	M	an..3	
2380	Date/time/period	M	an..35	
2379	Date/time/period format qualifier	M	an..3	
4343	RESPONSE TYPE, CODED	C	an..3	NOT USED

Example: BGM+++97:19941001:102++BAT:000000000000000001'

Notes:

BGM - To identify the date / number of which this transmission was created.				
Element	Qualifer	Data required	Mandatory / Optional	Supplier
2005	97	Actual date for which this interchange was created	Mandatory	All
1153	BAT	Sequential number per Trading Partner, numeric 18 characters, zero filled	Mandatory	All

DCR DOCUMENTARY REQUIREMENT

Conditional

Occurrence 9

Function: To identify documentary requirements and claim corrections.

C185	DOCUMENTARY REQUIREMENT	C		
1001	Document/message name, coded	M	an..3	Y = document will be forwarded
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
1243	Missing document indicator, coded	C	an..3	
C506	REFERENCE	C		
1153	Reference qualifier	M	an..3	ADJ = amendment to previous claim or line ADD = additions to previous account DOC = reference number of document INT = interim account REV = reversal of previous claim or line RSV = resubmitted claim SBN = Supplier Batch Number Data for qualifier(s) in element 1154
1154	Reference number	C	an..35	
1156	Line number	C	an..6	
C507	DATE/TIME/PERIOD	C		
2005	Date/time/period qualifier	M	an..3	
2380	Date/time/period	M	an..35	
2379	Date/time/period format qualifier	M	an..3	
C517	LOCATION IDENTIFICATION	C		NOT USED
3227	Place/location qualifier	M	an..3	
3225	Place/location identification	C	an..25	
1131	Code list qualifier	C	C	
3055	Code list responsible agency, coded	C	an..3	
3224	Place/location	C	an..17	
3439	Sub-location identification	C	an..17	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
3438	Sub-location	C	an..17	

Example: DCR++ADJ:3443443'

Notes:

DCR - To identify documentary requirements and claim corrections				
Element	Qualifier	Data required	Mandatory / Optional	Supplier
1001		Y	Optional	All
1153	ADJ	Original claim number	Mandatory if ADJ is used	All
	ADD	Original claim number	Mandatory if ADD is used	All
	DOC	Reference Number of Document (see 1001)	Mandatory if DOC is used	All
	INT	Y or N	Mandatory if INT is used	Hospitals

	REV	Original claim number	Mandatory if REV is used	All
	RSV			All
	SBN	Original Supplier Batch Number	Use if Batch Number on BGM not the same as issued by Original Supplier	All

DTM DATE/TIME/PERIOD

Conditional

Occurrence 9

Function: To indicate the admission/discharge/interim and accident dates and times.

C507	DATE/TIME/PERIOD	M			
2005	Date/time/period qualifier	M	an..3		96 = discharge date/time 155 = accounting period start date/time 156 = accounting period end date/time 194 = admit start date/time 290 = date of accident (IOD)
2380	Date/time/period	M	an..35		Data for qualifier(s) in element 2005
2379	Date/time/period format qualifier	M	an..3		102 = CCYYMMDD format 203 = CCYYMMDDHHMM format

Example: DTM+194:199410011519:203'

Notes:

DTM - To indicate admission/discharge/interim dates and times				
Element	Qualifier	Data required	Mandatory / Optional	Supplier
2005	96	Actual date/time of discharge	Optional	Hospitals
	155	Actual accounting period start date (interim accounts)	Optional	Hospitals
	156	Actual accounting period end date (interim accounts)	Optional	Hospitals
	194	Actual date/time of admission	Optional	Hospitals
	290	Date of IOD accident	Optional	WCA claims

Segment Group 1 NAD-RFF-FTX

A group of segments used to identify various names and addresses for the entire message, and their associated references where applicable.

NAD NAME AND ADDRESS

Mandatory

Occurrence 1

Function: Used for various names and addresses for the entire message.

3035	PARTY QUALIFIER	M	an..3	ADN = admitting doctor. EMR = name of employer. GRP = for group practice RAMS number HMO = health medical officer. LTN = laboratory technician. MAN = medical administrators number. MIN = members initials. MN = members surname. MPN = medical plan number. MSN = membership number. PPO = preferred provider. RDN = referred by doctor. REG = registration number of the doctor(SAMDC). RTN = referred to doctor SCH = members scheme number. SUP = supplier number. TDN = treating doctor.
C082	PARTY IDENTIFICATION DETAILS	C		
3039	Party id identification	M	an..17	Data for qualifier(s) in element 3035 except for qualifier MN, MIN
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
C058	NAME AND ADDRESS	C		
3124	Name and address line	M	an..35	Supplier/Member Address
3124	Name and address line	C	an..35	Supplier/Member Address
3124	Name and address line	C	an..35	Supplier/Member Address
3124	Name and address line	C	an..35	Supplier/Member Address
3124	Name and address line	C	an..35	Supplier/Member Address
C080	PARTY NAME	C		
3036	Party name	M	an..35	Supplier/Member details
3036	Party name	C	an..35	
3036	Party name	C	an..35	
C059	STREET	C		NOT USED
3042	Street and number/P.O. Box	M	an..35	
3042	Street and number/P.O. Box	C	an..35	
3042	Street and number/P.O. Box	C	an..35	
3164	CITY NAME	C	an..35	NOT USED

3229	COUNTRY SUB-ENTITY IDENTIFICATION	C	an..9	NOT USED
3251	POSTCODE IDENTIFICATION	C	an..9	NOT USED
3207	COUNTRY, CODED	C	an..3	NOT USED

Example: NAD+SUP+5801982'

Notes:

NAD - Number / name of supplier, member, referring/admitting/treating doctor and technician and medical plan number				
Element	Qualifer	Data required	Mandatory / Optional	Supplier
3035	ADN	Admitting doctor Rams number	Optional	Hospitals
	EMR	Employer name	Optional	WCA claims
	GRP	Group practice RAMS number	Mandatory if Pr 50/51	Group practices
	HMO	Health Medical Officer number	Optional	HMO
	LTN	Laboratory Technician Rams number	Optional	Laboratory Technician
	MAN	Medical Administrator's number	Optional	All
	MIN	Member's initials	Optional	All
	MN	Member's surname	Optional	All
	MPN	Member's medical plan	Optional	All
	MSN	Membership number	Mandatory	All
	PPO	Preferred Provider number	Optional	PPO
	RDN	Referred by doctor's Rams number	Optional	Specialists and Hospitals
	REG	Registration number of doctor other than his Rams number	Optional	All
	RTN	Referred to Doctor's number	Optional	All
	SCH	Member's scheme number and name	Optional	All
	SUP	Supplier Rams number and name	Mandatory if notPr 50/51	All
	TDN	Treating doctor	Optional	Hospitals
3124		Supplier's name and address	Optional	All
3036	MIN	Member's name	Optional	All
3036		Suppliers name	Optional	All

RFF REFERENCE

Conditional

Occurrence 99

Function: References associated only with preceding NAD

C506	REFERENCE	M			
1153	Reference qualifier	M	M		ACD = additional reference number. ADE = patient account number. AE = authorisation for expense. ALS = Advanced life support. BLS = Basic life support. BMI = BMI value, height and weight CAF = Benefit Type (previously acute/chronic flag). CL = for code list CMP = for complaint codes. CPT = Current Proced: Term: code CYN = Contract Y/N DAG = for diagnosis codes. DS = discharge status. EDC = for electronic data card. EI = employee identification number. FFT = for fixed fee account. ICD = ICD-10 diagnosis code ICA = ICD-10 admission diagnosis code ICX = ICD-10 discharge diagnosis code IOD = for injured on duty (for supplier). LOF = for location code from. LOT = for location code to. MAT = for maternity. MVA = for third party claims. OUT = for out-patients. POS = Place Of Service code PRE = for prescription number. PRO = for procedure codes. RCT = for receipt claims. SOB = for scale of benefit indicator. SRF = for supplier reference number. WCA = for workman's compensation indicator. WCN = for case number
1154	Reference number	C	an..35		Data for qualifier(s) in element 1153
1156	Line number	C	an..6		Line number
C507	DATE/TIME/PERIOD	C			NOT USED
2005	Date/time/period qualifier	M	an..3		
2380	Date/time/period	M	an..35		
2379	Date/time/period format qualifier	M	an..3		

Example: RFF+ADE:112211'

Notes:

RFF - A segment to identify various references associated with the corresponding NAD				
Element	Qualifier	Data required	Mandatory / Optional	Supplier
1153	ACD	Additional reference number	Optional	All
	ADE	Patient account number	Mandatory	All
	AE	Authorisation for expense number	Optional	All
	ALS	Advanced life support	Optional	Ambulances
	BLS	Basic life support	Optional	Ambulances
	BMI	BMI value, height and weight, separated by /	Optional	All
	CAF	0 = acute 1 = chronic 2 = PAT 3 = chemo	Optional	Pharmacy/Doctor
	CL	Code List	Optional	All
	CMP	Complaint code	Optional	Hospitals
	CPT	CPT Code/s separated by /	Optional	All
	CYN	Service Provider in(Y) or out(N) of Contract/Network	Optional	All
	DAG	Diagnosis code	Optional	Hospitals
	DS	Discharge status indicator	Optional	Hospitals Ambulances
	EDC	Electronic transaction number	Optional	All
	EI	Employee identification number	Optional	All
	FFT	Y or N	Optional	Hospitals
	ICD	ICD10 Code/s separated by /	Optional	All
	ICA	ICD10 Admission Code/s separated by /	Optional	Hospitals
	ICX	ICD10 Discharge Code/s separated by /	Optional	Hospitals
	IOD	Y or N	Mandatory if an IOD claim	All
	LOF	Location code for taken from	Mandatory if ambulance account	Ambulances
	LOT	Location code for taken to	Mandatory if ambulance account	Ambulances
	MAT	Y or N	Mandatory if maternity claim	All
	MVA	Y or N	Mandatory if for third party claim	All

	OUT	Y or N	Mandatory if an out patient claim	Hospitals
	POS	PHISC Place Of Service Code	Optional	All
	PRE	Prescription number	Mandatory	Pharmacy
	PRO	Procedure code	Optional	Hospitals
	RCT	Y or N	Mandatory if claim is received	All
	SOB	Y or N	Optional	All
	SRF	Supplier reference number	Optional	Pharmacy
	WCA	Y or N	Optional	All
	WCN	Case number	Optional	WCA

[Note for qualifier BMI: BMI value is calculated as kg/square metre. Height is to be sent in centimetres. Weight is to be sent in kilograms.](#)

Examples: [RFF+BMI:35/178/111](#)
[RFF+BMI:35/0/0](#)
[RFF+BMI:0/178/111](#)

FTX FREE TEXT

Conditional

Occurrence 9

Function: Used for free text where codes are not available.

4451	TEXT SUBJECT QUALIFIER	M	an..3	CMP = description of complaint code codes. CPT = description of CPT code/s DAG = description of diagnosis codes. DS = Discharge status. ICD = description of ICD10 code/s LOF = description of location from. LOT = description of location to. PRO = description of procedure codes.
4453	TEXT FUNCTION, CODED	C	an..3	NOT USED
C107	TEXT REFERENCE	C		NOT USED
4441	Free text, coded	M	an..3	
1131	Code list qualifier	C	C	
3055	Code list responsible agency, coded	C	C	
C108	TEXT LITERAL	C		
4440	Free text	M	an..70	Data for qualifier(s) in element 4451
4440	Free text	C	an..70	
4440	Free text	C	an..70	
4440	Free text	C	an..70	
4440	Free text	C	an..70	
3453	LANGUAGE, CODED	C	an..3	NOT USED

Example: FTX+DAG+++FLU'

Notes:

FTX - For free text where codes are not available (per claim).				
Element	Qualifier	Data required	Mandatory / Optional	Supplier
4451	CMP	Complaint description	Optional	All
	CPT	CPT Description/s separated by /	Optional	All
	DAG	Diagnosis description	Optional	All
	DS	Discharge status indicator	Optional	Hospitals Ambulances
	ICD	ICD10 description/s separated by /	Optional	All
	LOF	Description of the location from	Optional	Ambulances
	LOT	Description of the location to	Optional	Ambulances
	PRO	Procedure description	Optional	All

PAT PAYMENT TERMS BASIS

Conditional

Occurrence 99

Function: Used for deposits, interest, discount or levies on an account for the entire message.

4279	PAYMENT TERMS TYPE QUALIFIER	M	an..3	14 = paid against statement (patient has paid for the service and should be reimbursed / deposit paid to hospital) 20 = penalty terms. 22 = discount. 29 = levy on pharmacy prescriptions per script. 30 = professional checking fee. 31 = member levy. 32 = MMAP surcharge. 33 = for CPO surcharge. 36 = for call out fee. 37 = for late fee. 38 = for professional consultation fee. 39 = for medicine delivery fee
C110	PAYMENT TERMS	C		NOT USED
4277	Terms of payment identification	M	an..17	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
4276	Terms of payment	C	an..35	
	Terms of payment	C	an..35	
C507	DATE/TIME/PERIOD	C		
2005	Date/time/period qualifier	M	an..3	286 = for service start date/time. 292 = for dispensing date
2380	Date/time/period	M	an..35	Data for qualifier(s) in element 2005
2379	Date/time/period format qualifier	M	an..3	102 - CCYYMMDD
C112	TERMS TIME INFORMATION	C		NOT USED
2475	Payment time reference, coded	M	an..3	
2009	Time relation, coded	C	an..3	
2151	Time relation, coded	C	an..3	
2152	Number of periods	C	n..3	
C142	TERMS DISCOUNT/PENALTY	C		NOT USED
5482	Percentage	C	n..8	
2151	2151	C	an..3	
5004	Monetary amount	C	n..18	

C516	MONETARY AMOUNT	C		
5025	Monetary amount type qualifier	M	an..3	48 = for deposit amount. 52 = for discount amount. 202 = for interest amount charged. 205 = for levy amount. 206 = for additional surcharge. 208 = for call out fee amount. 209 = for late fee amount. 212 = for MMAP surcharge amount. 213 = for member levy amount. 214 = for CPO discount amount. 216 = for pharmacy checking fee amount. 217 = for professional consultation fee amount. 218 = for medicine delivery fee amount 219 = paid by patient.
5004	Monetary amount	C	n..18	
6345	Currency, coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status, coded	C	an..3	
C501	PERCENTAGE DETAILS	C		
5245	Percentage qualifier	M	an..3	7 = for percentage (deposit). 12 = for percentage (discount). 16 = for percentage (interest). 17 = for percentage (levy).
5482	Percentage	M	n..8	Data for qualifier(s) in element 5245
5249	Percentage basis qualifier	C	an..3	

Example: PAT+14+++++48'

Notes:

PAT - A segment to indicate a deposit amount, interest chargeable or a discount amount or levy paid on a prescription for the message (per claim).				
Element	Qualifier	Explanatory Notes	Mandatory / Optional	Supplier
4279	14	To indicate that there was a payment against the claim	Optional	All
	20	To indicate that this is for a penalty	Optional	All
	22	To indicate that this is a discount	Optional	All
	29	To indicate the levy charged against a script	Optional	All
	30	Professional checking fee	Optional	Pharmacy
	31	Member levy	Optional	Pharmacy
	32	MMAP surcharge	Optional	Pharmacy
	33	CPO surcharge	Optional	Pharmacy
	36	Call out fee	Optional	Pharmacy
	37	Late fee	Optional	Pharmacy
	38	Professional consultation fee	Optional	Pharmacy
5025	48	Actual deposit amount	Optional	All
	52	Actual discount amount	Optional	All
	202	Actual interested amount charged	Optional	All
	205	Actual levy amount	Optional	All
	206	Additional surcharge amount	Optional	Pharmacy
	208	Call out fee amount	Optional	Pharmacy
	209	Late fee amount	Optional	Pharmacy
	212	MMAP surcharge amount	Optional	Pharmacy
	213	Member levy amount	Optional	Pharmacy
	214	CPO discount amount	Optional	Pharmacy
	216	Pharmacy checking fee amount	Optional	Pharmacy
	217	Professional consultation fee amount	Optional	Pharmacy
	218	Medicine Delivery Fee amount	Optional	Pharmacy
5245	7	Deposit percentage	Optional	All
	12	Discount percentage	Optional	All
	16	Interest percentage	Optional	All
	17	Levy Percentage	Optional	All
2005	286	Actual date (this applies to claims if the service date and the discount date differ)	Optional	All
	292	Dispensing date	Optional	Pharmacy

TAX DUTY/TAX/FEE DETAILS

Conditional

Occurrence 9

Function: Used for Tax purposes for the entire message.

5283	DUTY/TAX/FEE FUNCTION QUALIFIER	M	an..3	7 = for contribution levied by authority (VAT) 10 = for pharmacy sales tax / vat
C516	MONETARY AMOUNT	C		NOT USED
5025	Monetary amount type qualifier	M	an..3	
5004	Monetary amount	C	n..18	
6345	Currency, coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status, coded	C	an..3	
C241	DUTY/TAX/FEE TYPE	C		NOT USED
5153	Duty/tax/fee type, coded	C	an..3	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
5125	Duty/tax/fee type	C	an..35	
C533	DUTY/TAX/FEE ACCOUNT DETAIL	C		NOT USED
5289	Duty/tax/fee account identification	M	an..6	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
5286	DUTY/TAX/FEE ASSESSMENT BASIS	C	an..15	
C243	DUTY/TAX/FEE DETAIL	C		
5279	Duty/tax/fee rate identification	C	an..7	135 = to identify specific rate.
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
5278	Duty/tax/fee rate	C	an..17	Data for qualifier(s) in element 5279
5273	Duty/tax/fee rate basis identification	C	an..12	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
C529	PROCESSING INDICATOR	C		NOT USED
7365	Processing indicator, coded	M	an..3	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
C516	MONETARY AMOUNT	C		NOT USED
5025	Monetary amount type qualifier	M	an..3	
5004	Monetary amount	C	n..18	
6345	Currency, coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status, coded	C	an..3	
5305	DUTY/TAX/FEE CATEGORY, CODED	C	an..3	NOT USED
3446	PARTY TAX IDENTIFICATION NUMBER	C	an..20	NOT USED

Example: TAX+7+++++135:::1400'

Notes:

TAX- A segment that indicates the default rate of VAT (per claim).				
Element	Qualifier	Explanatory Notes	Mandatory / Optional	Supplier
5283	7	Contribution levied by authority	Optional	All
	10	Pharmacy sales tax / vat	Optional	Pharmacy
5279	135	Actual vat rate charged	Optional	All

4.1.2 **Detail Section**

Segment Group 2. DTM-RFF-FTX-Grp3

A group that provides service details, including tariffs, modifiers, and patient information. This group includes groups 3, and 4.

DTM DATE / TIME / PERIOD

Mandatory

Occurrence 1

Function: To specify the service date, time, period.

C507	DATE / TIME / PERIOD	M		
2005	Date / time / period qualifier	M	an..3	286 = for service start date/time. 290 = for date of accident 292 = for dispensing date
2380	Date / time / period	M	an..35	Data for qualifier(s) in element 2005
2379	Date / time / period format qualifier	M	an..3	102 = for CCYYMMDD format. 203 = for CCYYMMDDHHMM format.

Example: DTM+286:19941001:102'

Notes:

DTM - Specifies the start service date.				
Element	Qualifier	Data required	Mandatory / Optional	Supplier
2005	286	Actual service date	Mandatory	All
	290	Actual date of accident	Optional	WCA
	292	Dispensing date	Optional	Pharmacy

R F F REFERENCE

Conditional

Occurrence 99

Function: Specifies all the detail regarding the patient, plus specialist / assistant / anaesthetists number / name and the end of the service date/time.

C506	REFERENCE	M		
1153	Reference qualifier	M	an..3	AE = Authorisation for expense. ANT = for anaesthetists. ASN = for assistant specialist. DPN = for dependant number. DS = Discharge status. ESD = for end service date/time ID = for citizen identifier. LAB = for laboratory number. LOS = Authorized length of stay PHY = for physiotherapy done in hospital. PIN = for patients initials. PSU = for patient surname. PTH = for tests done in hospital. PTN = for patient name. RAD = for radiology done in hospital. RDN = for referring doctor. RDO = for radiology reference number. REG = for registration number. RLN = for relationship. SM2 = SNOMED II code SM3 = SNOMED III code SSN = for specialist. SX = for patient sex. TDN = for treating doctor. TO = for time out of theatre
1154	Reference number	C	an..35	Data for qualifier(s) in element 1153
1156	Line number	C	an..6	
C507	DATE / TIME / PERIOD	C		
2005	Date / time / period qualifier	M	an..3	285 = for patient date of birth. 287 = for date/time service stopped.
2380	Date / time / period	M	an..35	Data for qualifier(s) in element 2005
2379	Date / time / period format qualifier	M	an..3	102 = for CCYYMMDD format. 203 = for CCYYMMDDHHMM format. 806 = for MMM format.

Example: RFF+PTN:MRS M.E. VILJOEN+285:19641001:102'

Notes:

RFF - Specifies all the detail regarding the patient, plus specialist / assistant / anaesthetists number / name and the end of the service date/time.				
Element	Qualifier	Data required	Mandatory / Optional	Supplier
1153	AE	Authorisation for expenxe	Optional	All
	ANT	Anaesthetist Rams number	Optional	All
	ASN	Specialist assistant Rams number	Optional	All
	DPN	Dependent number	Optional	All
	DS	Discharge status indicator	Optional	Hospitals Ambulances
	ESD	End service date time	Optional	All
	ID	ID number	Optional	All
	LAB	Laboratory number	Optional	Laboratory Technician
	LOS	Authorized length of stay	Optional	Hospitals/MCOs
	PHY	Y or N	Optional	Physiotherapist
	PIN	Patient's initials	Optional	Pharmacy
	PSU	Patient surname	Optional	All
	PTH	Y or N	Optional	Pathologists
	PTN	Patient name	Mandatory	All
	RAD	Y or N	Optional	Radiologists
	RDO	Radiology refernce number	Optional	Radiologists
	RDN	Referring doctor's Rams number	Optional	Not applicable to G.P.'s
	REG	Registration number(SAMDC)	Optional	All
	RLN	Relationship to principal member : Self/Wife/Child	Optional	All
	SM2	SNOMED II code	Optional (never with SM3)	Pathologists
	SM3	SNOMED III code	Optional (never with SM2)	Pathologists
	SSN	Specialist Rams number	Optional	All
	SX	M or F	Optional	All
	TDN	Treating doctor(group practices)	Optional	All
	TO	Time out of theatre	Optional	Hospitals
	XCD	Repricing Code	Optional	MCOs
2005	285	Patient's date of birth	Optional	All
	287	End service date	Optional	All

FTX FREE TEXT

Conditional

Occurrence 9

Function: For codes not available

4451	TEXT SUBJECT, CODE	M	an..3	ANT = for description of anaesthetists name. ASN = for description of specialist assistant name. DS = Discharge status. NTE = Free format notes (may use all occurs of 4440) RDN = for description of referring doctors name. SM2 = SNOMED II description SM3 = SNOMED III description SSN = for description of specialist name. XCD = Repricing description
4453	TEXT FUNCTION CODED	C	an..3	NOT USED
C107	TEXT REFERENCE	C		NOT USED
4441	Free text, coded	M	an..3	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency coded	C	an..3	
C108	TEXT LITERAL	C		
4440	Free text	M	an..70	Data for qualifier(s) in element 4451
4440	Free text	C	an..70	
4440	Free text	C	an..70	
4440	Free text	C	an..70	
4440	Free text	C	an..70	

Example: FTX+ANT+++DR VILJOEN'

Notes:

FTX - For codes not available				
Element	Qualifier	Data required	Mandatory / Optional	Supplier
4451	ANT	Anaesthetists name	Optional	All
	ASN	Specialist assistants name	Optional	All
	DS	Discharge status indicator	Optional	Hospitals Ambulances
	NTE	Free format notes	Optional	All
	RDN	Referring doctor's name	Optional	All
	SM2	SNOMED II description	Optional (never with SM3)	Pathologists
	SM3	SNOMED III description	Optional (never with SM2)	Pathologists
	SSN	Specialist name	Optional	All
	XCD	Repricing description	Optional	All

Segment Group 3. LIN-RFF-FTX-PAT-TAX-UNS-Grp4

A group used to identify tariffs, modifiers, medicines, monetary amounts, discounts and rates of VAT per line.

LIN LINE ITEM

Mandatory

Occurrence 1

Function: A line item segment to indicate the tariff details for a particular service. Also used as a sub-line item segment to provide modifying of tariffs for the previous item. A modifier(s) may only appear after the tariff code(s) it is modifying (per tariff item).

1233	RELATIONAL QUALIFIER	M	an 3	1 = for line item.
1082	LINE ITEM NUMBER	C	n..6	Line number.
1229	ACTION REQUEST CODED	C	an..3	NOT USED
C511	ITEM IDENTIFICATION	M		
7139	Item qualifier	C	an..3	5 = for tariff codes. 6 = for modifiers. 7 = for surcharge. 8 = for non - chargeables. 9 = for laboratory codes. 10 = for fixed fee column indicator.
7140	Item number	C	an..35	Data for qualifier(s) in element 7139
1131	Code list qualifier	C	an..3	(see following Notes)
3055	Code list responsible agency, coded	C	an..3	
7143	Item number type, coded	C	an..3	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
C511	ITEM IDENTIFICATION	M		
7139	Item qualifier	C	an..3	
7140	Item number	C	an..35	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
7143	Item number type, coded	C	an..3	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
C186	QUANTITY DETAILS	C		NOT USED
6063	Quantity qualifier	M	an..3	
6060	Quantity	M	n..15	
6411	Measure unit qualifier	C	an..3	
C509	PRICE INFORMATION	C		

5125	Price qualifier	M	an..3	ADS = for amount due by scheme. CAL = for claimed amount per tariff code. GP = for gross price. NP = for nett price.
5118	Price	C	n..15	Data for qualifier(s) in element 5125
5375	Price type, coded	C	an..3	
5387	Price type qualifier	C	an..3	
5284	Unit price basis	C	n..9	
6411	Measure unit qualifier	C	an..3	
C523	NUMBER OF UNIT DETAILS	C		
6350	Number of units	C	n..15	Data for qualifier(s) in element 6353
6353	Number of units qualifier	C	an..3	DAY = for day. HUR = for hour. KLM = for kilometres travelled. MIN" = for minute. SEC = for second. UNT = for unit.
C516	MONETARY AMOUNT	C		NOT USED
5025	Monetary amount type qualifier	M	an..3	
5004	Monetary amount	C	n..18	
6345	Currency coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status coded	C	an..3	
C509	PRICE INFORMATION	C		NOT USED
5125	Price qualifier	M	an..3	
5118	Price	C	n..15	
5375	Price type coded	C	an..3	
5387	Price type qualifier	C	an..3	
5284	Unit price basis	C	n..9	
6411	Measure unit specifier	C	an..3	
C501	PERCENTAGE DETAILS	C		NOT USED
5245	Percentage qualifier	M	an..3	
5482	Percentage	M	n..8	
5249	Percentage basis qualifier	C	an..3	
1222	CONFIGURATION LEVEL	C	n..2	NOT USED
7083	CONFIGURATION CODED	C	an..3	NOT USED
5213	SUB - LINE PRICE CHANGE CODED	C	an..3	NOT USED

Example: LIN+1+++5:58001:22+++CAL:447580+1400:DAY'

Notes:

LIN - A line item segment to indicate the tariff details for a particular service. Also used as a sub-line item segment to provide modifying of tariffs for the previous item. A modifier(s) may only appear after the tariff code(s) it is modifying (per tariff item).

Element	Qualifier	Data required	Mandatory / Optional	Supplier
1233		1	Mandatory	All
1082		Line number	Optional	All
7139	5	Tariff code For medicine "MEDS"	Optional	All
	6	Modifier code	Optional	All
	7	Surcharge code	Optional	All
	8	Non - chargeables code	Optional	All
	9	Laboratory codes	Optional	All
	10	Fixed fee code	Optional	All
1131	00-10	Unassigned	Optional	All
	11	ICD10	Optional	All
	12	ICPC	Optional	All
	13-20	Unassigned	Optional	All
	21	CPT	Optional	All
	22	Tariff	Optional	All
	23	CDT	Optional	All
	24	Optometry	Optional	All
	25-30	Unassigned	Optional	All
	31	NAPPI	Optional	All
	32-49	Unassigned	Optional	All
	99	Unsupported	Optional	All
5125	ADS	Amount due by scheme	Optional	Pharmacy
	CAL	Amount claimed	Optional	All
	GP	Gross price amount	Optional	Pharmacy
	NP	Nett price amount	Optional	Pharmacy
6353	Day	Actual number of days	Optional	Hospitals
	HUR	Actual number of hours	Optional	All
	KLM	Actual number of kilometres travelled	Optional	All
	MIN	Actual number of minutes	Optional	All
	SEC	Actual number of seconds	Optional	All
	UNT	Actual number of units	Optional	All

R F F REFERENCE

Conditional

Occurrence 99

Function: A segment to identify various references associated with the claim (per tariff item).

C506	REFERENCE	M			
1153	Reference qualifier	M	an..3		AE = Authorisation for expense BMI = BMI value, height and weight CAF = Acute cronic flag CL = for code list CMP = for complaint codes. CPT = Current Proeced: Term: code DAG = for diagnosis codes. ICD = Int: Class: of Diseases code ICP = ICPC code IOD = for injured on duty indicator. IRS = for injury related to sport. IV = Invoice Number LAB = for laboratory number. LRN = Dental Lab Registration MAT = for maternity. MVA = for third party claims. POS = Place Of Service code PRO = for procedure codes. RDN = for referring doctor. RDO = for reference numbers assigne by radiologists. REG = for registration number(SAMDC) TIH = for treatment in hospital. TN = for transaction number TNO = Tooth Number/s TR = for tracer number
1154	Reference number	C	an..35		Data for qualifier(s) in element 1153
1156	Line number	C	an..6		Line number
C507	DATE / TIME / PERIOD	C			
2005	Date / time / period qualifier	M	an..3		286 = service start date/time
2380	Date / time / period	M	an..35		Data for qualifier in element 2005
2379	Date / time / period format qualifier	M	an..3		102 = for CCYYMMDD format

Example: RFF+TR:0000001'

Notes:

RFF - A segment to identify various references associated with the claim (per tariff item).				
Element	Qualifier	Data required	Mandatory / Optional	Supplier
1153	AE	Authorisation for expense	Optional	All
	BMI	BMI value, height and weight, separated by /	Optional	All
	CAF	Acute cronic flag	Optional	Pharmacy
	CL	code list	Optional	All
	CMP	Complaint code	Optional	All
	CPT	CPT description/s separated by /	Optional	All
	DAG	Diagnosis code	Optional	All
	ICD	ICD10 description/s separated by /	Optional	All
	ICP	ICPC description	Optional	All
	IOD	Y or N	Optional	All
	IRS	Y or N	Optional	All
	IV	Invoice Number	Optional	All
	LAB	Laboratory number	Optional	Pathologists
	LRN	Dental Lab Registration	Optional	??
	MAT	Y or N	Optional	All
	MVA	Y or N	Optional	All
	POS	Place Of Service code	Optional	All
	PRO	Procedure code	Optional	All
	RAD	Y or N	Optional	Radiologists
	RDN	Referring doctors Rams number	Optional	Pathologists
	RDO	Reference number	Optional	Radiologist
	REG	Registration number(SAMDC)	Optional	All
	TIH	Y or N	Optional	All
	TN	Transaction number	Optional	All
	TNO	Tooth Number/s up to 8 separated by /	Optional	Dentists
	TR	Tracer number	Optional	All

Note for qualifier TNO: Due to the changes on the designation of tooth numbers published in the SADA DENTAL CODES 2016 document, the super-numerary tooth numbers are can now also be indicated with 2 numeric numbers followed by an “S”, e.g. 23S

Example: RFF+TNO: 21/22/23S’

[Note for qualifier BMI: BMI value is calculated as kg/square metre. Height is to be sent in centimetres. Weight is to be sent in kilograms.](#)

Example: [RFF+BMI:35/178/111](#)
[RFF+BMI:35/0/0](#)
[RFF+BMI:0/178/111](#)

FTX FREE TEXT

Conditional

Occurrence 9

Function: For codes not available

4451	TEXT SUBJECT, CODE	M	an..3	CMP = for description of complaint codes CPT = CPT description DAG = for description of diagnosis codes ICD = ICD description ICP = ICPC description ITM = for description of tariff codes. PRO = for description of procedure codes RDN = for description of referred by doctor
4453	TEXT FUNCTION CODED	C	an..3	NOT USED
C107	TEXT REFERENCE	C		NOT USED
4441	Free text, coded	M	an..3	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency coded	C	an..3	
C108	TEXT LITERAL	C		
4440	Free text	M	an..70	Data for qualifier(s) in element 4451
4440	Free text	C	an..70	
4440	Free text	C	an..70	
4440	Free text	C	an..70	
4440	Free text	C	an..70	

Example: FTX+ITM+++GENERAL WARD'

Notes:

FTX - For codes not available				
Element	Qualifier	Data required	Mandatory / Optional	Supplier
4451	CMP	Complaint description	Optional	All
	DAG	Diagnosis description	Optional	All
	ITM	Description of tariff code	Optional	All
	PRO	Procedure description	Optional	All
	RAD	Description used by Radiologist	Optional	Radiologist
	RDN	Referred by doctors name	Optional	All

PAT PAYMENT TERMS BASIS

Conditional

Occurance 1

Function: Used for deposits, interest, discount or levies on an account for the entire message.

4279	PAYMENT TERMS TYPE QUALIFIER	M	an..3	22 = for discount per item. 40 = additional pricing information.
C110	PAYMENT TERMS	C		NOT USED
4277	Terms of payment identification	M	an..17	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
4276	Terms of payment	C	an..35	
	Terms of payment	C	an..35	
C507	DATE/TIME/PERIOD	C		NOT USED
2005	Date/time/period qualifier	M	an..3	
2380	Date/time/period	M	an..35	
2379	Date/time/period format qualifier	M	an..3	
C112	TERMS TIME INFORMATION	C		NOT USED
2475	Payment time reference, coded	M	an..3	
2009	Time relation, coded	C	an..3	
2151	Time relation, coded	C	an..3	
2152	Number of periods	C	n..3	
C142	TERMS DISCOUNT/PENALTY	C		NOT USED
5482	Percentage	C	n..8	
2151	2151	C	an..3	
5004	Monetary amount	C	n..18	
C516	MONETARY AMOUNT	C		
5025	Monetary amount type qualifier	M	an..3	52 = for discount amount. 301 = gross amount. 302 = nett amount.
5004	Monetary amount	C	n..18	Data for qualifier(s) in element 5025
6345	Currency, coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status, coded	C	an..3	
C501	PERCENTAGE DETAILS	C		
5245	Percentage qualifier	M	an..3	12 = discount as a percentage.
5482	Percentage	M	n..8	Data for qualifier(s) in element 5245
5249	Percentage basis qualifier	C	an..3	

Example: PAT+22+++++52:54+12:25'

Notes:

PAT - To indicate a discount for tariffed amounts per tariff code				
Element	Qualifier	Explanatory Notes	Mandatory / Optional	Supplier
4279	22	To indicate that this is a discount	Optional	All
5025	52	Actual discount amount	Optional	All
5245	12	Discount percentage	Optional	All

TAX DUTY/TAX/FEE DETAILS

Conditional

Occurrence 1

Function: A segment that indicates the default rate of VAT (per tariff item)

5283	DUTY/TAX/FEE FUNCTION QUALIFIER	M	an..3	7 = for contribution levied by authority (VAT)
C516	MONETARY AMOUNT	C		NOT USED
5025	Monetary amount type qualifier	M	an..3	
5004	Monetary amount	C	n..18	
6345	Currency, coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status, coded	C	an..3	
C241	DUTY/TAX/FEE TYPE	C		NOT USED
5153	Duty/tax/fee type, coded	C	an..3	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
5125	Duty/tax/fee type	C	an..35	
C533	DUTY/TAX/FEE ACCOUNT DETAIL	C		NOT USED
5289	Duty/tax/fee account identification	M	an..6	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
5286	DUTY/TAX/FEE ASSESSMENT BASIS	C	an..15	NOT USED
C243	DUTY/TAX/FEE DETAIL	C		
5279	Duty/tax/fee rate identification	C	an..7	“135” = to identify specific rate.
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
5278	Duty/tax/fee rate	C	an..17	Data for qualifier(s) in element 5279
5273	Duty/tax/fee rate basis identification	C	an..12	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
C529	PROCESSING INDICATOR	C		NOT USED
7365	Processing indicator, coded	M	an..3	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
C516	MONETARY AMOUNT	C		NOT USED
5025	Monetary amount type qualifier	M	an..3	
5004	Monetary amount	C	n..18	
6345	Currency, coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status, coded	C	an..3	
5305	DUTY/TAX/FEE CATEGORY, CODED	C	an..3	NOT USED
3446	PARTY TAX IDENTIFICATION NUMBER	C	an..20	NOT USED

Example: TAX+7+++++135::14'

Notes:

TAX - A segment that indicates the default rate of VAT (per tariff item).				
Element	Qualifier	Explanatory Notes	Mandatory / Optional	Supplier
5283	7	Contribution levied by authority	Optional	All
5279	135	Actual vat percentage rate	Optional	All

U N S S E C T I O N C O N T R O L

Mandatory

Occurrence 1

Function: To separate header and detail sections of the message.

0081	SECTION IDENTIFICATION CODED	M	a l	C for collision.
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Example: UNS+C'

Notes:

UNS - A segment that separates header, detail, and summary sections of message.				
Element	Qualifier	Explanatory Notes	Mandatory / Optional	Supplier
0081	C	Collision indicator	Mandatory	All

Segment Group 4. RFF-FTX-QTY-MOA-PAT-TAX

A group of segments used to identify medicines and other medical consumables used.

R F F REFERENCE

Mandatory

Occurrence 1

Function: A segment to identify various references associated with the claim (per medicine item).

C506	REFERENCE	M			
1153	Reference qualifier	M	an..3		AE = Authorisation for expense. CAF = for acute cronic flag. CL = for code list. CLF = for code list flag. CMP = for complaint codes. DAG = for diagnosis codes. DRG = for medicines and consumables code. EAN = for EAN code. IC = for item count. IGC = for ingredient count. ICD = for ICD10 code IOD = for injured on duty indicator. IV = for invoice number. MAT = for maternity. MIX = for mixture MVA = for third party claims. NDS = number of days supply NRF = for new / repeat item flag. OTC = Over the counter item. PRE = for prescription number. PRO = for procedure codes. RFL = for repeat flag. RN = for repeat number. RRS = for reject reason. TTC = Technician's tariff code. TTO = TO take out medicine. GEN = for generic medicine. TLN = for technician laboratory number TN = for transaction number. TR = for tracer number.
1154	Reference number	C	an..35		Data for qualifier(s) in element 1153
1156	Line number	C	an..6		Line number.
C507	DATE / TIME / PERIOD	C			
2005	Date / time / period qualifier	M	an..3		286 = service(invoice) start date/time 287 = service end date/time data for qualifier in element 2005
2380	Date / time / period	M	an..35		
2379	Date / time / period format qualifier	M	an..3		102 = CCYYMMDD format

Example: RFF+DRG:720461'

Notes:

RFF - A segment to identify various references associated with the claim (per medicine item).				
Element	Qualifier	Data required	Mandatory / Optional	Supplier
1153	AE	Authorisation for expense	Optional	All
	CAF	0 = acute/ongoing 1 or Y = chronic 2 = PAT(Pharmacy assisted therapy) 3 = chemo 4 = surgical 5 = maternity 6 = anti-rejection drugs 7 = ex gratia 8 = additional benefit A = appliances B = Blood products C = Alternative medicine (homeopathic/naturopathic) H = HIV L = Life sustaining N = acute/ongoing O = Organ transplant R = renal failure Y or 1 = Chronic	Optional	All
	CL	Code	Optional	All
	CLF	Code	Optional	Pharmacy
	CMP	Code	Optional	All
	DAG	Code	Optional	All
	DRG	Medicine and consumable items code "MEDIC" s/b used if not NAPPI code / 'MIXTURE' if mixture item	Mandatory	All
	EAN	EAN bar code	Optional	Pharmacy
	GEN	Generic code	Optional	All
	IC	Sequential item count	Optional	Pharmacy
	ICD	ICD10 code/s separated by /	Optional	All
	IGC	Ingredient count	Optional	Pharmacy
	IOD	Y or N	Optional	All
	IV	Invoice number	Optional	Hospital
	MAT	Y or N	Optional	All
	MIX	Nappi code	Optional	All
	MVA	Y or N	Optional	All
	NDS	Number of days supply	Optional	Pharmacy
	NRF	Y or N	Optional	Pharmacy
	OTC	Y or N	Optional	Pharmacy
	PRE	Prescription number	Optional	Pharmacy
	PRO	Code	Optional	All

	RFL	Y or N	Optional	Pharmacy
	RN	Repeat number	Optional	Pharmacy
	RRS	Reject reason code	Optional	Pharmacy
	TLN	Technician laboratory number	Optional	Dental Technician
	TN	Transaction number	Optional	All
	TR	Tracer number	Optional	All
	TTC	Technician tariff code	Optional	Dental Technician
	TTO	To take out medicine	Optional	Hospitals
1156		Line number	Optional	All

FTX FREE TEXT

Conditional

Occurrence 9

Function: To provide free form textual information relating to the description of medicines where appropriate codes are not available (per medicine item).

4451	TEXT SUBJECT, CODE	M	an..3	DAG = for Diagnosis description DOS = For dosage ICD = for ICD10 description MED = for description of medicines. MIX = for mixture description. ABR = Usage of medicine
4453	TEXT FUNCTION CODED	C	an..3	NOT USED
C107	TEXT REFERENCE	C		NOT USED
4441	Free text, coded	M	an..3	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency coded	C	an..3	
C108	TEXT LITERAL	C		
4440	Free text	M	an..70	Data for qualifier(s) in element 4451
4440	Free text	C	an..70	
4440	Free text	C	an..70	
4440	Free text	C	an..70	
4440	Free text	C	an..70	

Example: FTX+MED+++DIPRIVAN AMPS20ML'

Notes:

FTX - To provide free form textual information relating to the description of medicines where appropriate codes are not available (per medicine item).				
Element	Qualifier	Data required	Mandatory / Optional	Supplier
4451	DAG	Diagnosis description	Optional	All
	DOS	Dosage description	Optional	All
	DOS	Dosage description	Optional	All
	ICD	ICD10 Description/s separated by /	Optional	All
	MIX	Description of medicine	Optional	All
	ABR	Description of usage of medicine	Optional	All

QTY QUANTITY

Conditional

Occurrence 9

Function: This segment provides the quantity of medicines issued (per medicine item).

C186	QUANTITY DETAILS	M		
6063	Quantity qualifier	C	an..3	48 = for quantity received. MIN = minutes for mixtures Data for qualifier(s) in element 6063
6060	Quantity	M	n..15	
6411	Measure unit qualifier	C	an..3	

Example: QTY+48:200'

Notes:

QTY - This segment provides the quantity of medicines issued (per medicine item).				
Element	Qualifier	Data required	Mandatory / Optional	Supplier
6063	48	Actual quantity issued	Optional	All
	MIN	Minutes taken to make up mixture	Optional	All

MOA MONETARY AMOUNT

Conditional

Occurrence 9

Function: To specify monetary amounts.

5007	MONETARY FUNCTION QUALIFIER	M	an..3	24 = for value of medicines/consumables per item. 25 = for maximum gross price. 26 = for gross price. 27 = Additional charge for mixture
C516	MONETARY AMOUNT	C		
5025	Monetary amount type qualifier	M	an..3	38 = for item value.
5004	Monetary amount	C	n..18	Data for qualifier(s) in element 5025
6345	Currency coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status coded	C	an..3	
C516	MONETARY AMOUNT	C		NOT USED
5025	Monetary amount type qualifier	M	an..3	
5004	Monetary amount	C	n..18	
6345	Currency coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status coded	C	an..3	
C516	MONETARY AMOUNT	C		NOT USED
5025	Monetary amount type qualifier	M	an..3	
5004	Monetary amount	C	n..18	
6345	Currency coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status coded	C	an..3	
C516	MONETARY AMOUNT	C		NOT USED
5025	Monetary amount type qualifier	M	an..3	
5004	Monetary amount	C	n..18	
6345	Currency coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status coded	C	an..3	
C516	MONETARY AMOUNT	C		NOT USED
5025	Monetary amount type qualifier	M	an..3	
5004	Monetary amount	C	n..18	
6345	Currency coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status coded	C	an..3	
C516	MONETARY AMOUNT	C		NOT USED
5025	Monetary amount type qualifier	M	an..3	
5004	Monetary amount	C	n..18	
6345	Currency coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status coded	C	an..3	

Example: MOA+24+38:11660'

Notes:

MOA - The monetary value of medicines/consumables issued (per medicine item).				
Element	Qualifier	Explanatory Notes	Mandatory / Optional	Supplier
5007	24	Value of medicine / consumables per item	Optional	All
	25	Maximum gross price	Optional	Pharmacy
	26	Gross price	Optional	Pharmacy
	27	Additional charge for mixture	Optional	All
5025	38	Actual monetary amount	Optional	All

PAT PAYMENT TERMS BASIS

Conditional

Occurance 1

Function: For discount per item.

4279	PAYMENT TERMS TYPE QUALIFIER	M	an..3	22 = for discount per item. 40 = additional pricing information.
C110	PAYMENT TERMS	C		NOT USED
4277	Terms of payment identification	M	an..17	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
4276	Terms of payment	C	an..35	
	Terms of payment	C	an..35	
C507	DATE/TIME/PERIOD	C		NOT USED
2005	Date/time/period qualifier	M	an..3	
2380	Date/time/period	M	an..35	
2379	Date/time/period format qualifier	M	an..3	
C112	TERMS TIME INFORMATION	C		NOT USED
2475	Payment time reference, coded	M	an..3	
2009	Time relation, coded	C	an..3	
2151	Time relation, coded	C	an..3	
2152	Number of periods	C	n..3	
C142	TERMS DISCOUNT/PENALTY	C		NOT USED
5482	Percentage	C	n..8	
2151	2151	C	an..3	
5004	Monetary amount	C	n..18	
C516	MONETARY AMOUNT	C		
5025	Monetary amount type qualifier	M	an..3	52 = for discount amount. 301 - gross amount. 302 - nett amount. 303 - single exit price. 304 - service fee.
5004	Monetary amount	C	n..18	Data for qualifier(s) in element 5025
6345	Currency, coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status, coded	C	an..3	
C501	PERCENTAGE DETAILS	C		
5245	Percentage qualifier	M	an..3	12 = discount as a percentage.
5482	Percentage	M	n..8	Data for qualifier(s) in element 5245
5249	Percentage basis qualifier	C	an..3	

Example: PAT+22+++++52:54+12:25'

Notes:

PAT - Used to indicate discount for medicines/consumables per item.				
Element	Qualifier	Explanatory Notes	Mandatory / Optional	Supplier
4279	22	To indicate that this is a discount	Optional	All
5025	52	Actual discount amount	Optional	All
5245	12	Discount percentage	Optional	All

TAX DUTY/TAX/FEE DETAILS

Conditional

Occurrence 1

Function: A segment that indicates the default rate of VAT (per medicine item), only if different from the default value.

5283	DUTY/TAX/FEE FUNCTION QUALIFIER	M	an..3	7 = for contribution levied by authority (VAT)
C516	MONETARY AMOUNT	C		NOT USED
5025	Monetary amount type qualifier	M	an..3	
5004	Monetary amount	C	n..18	
6345	Currency, coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status, coded	C	an..3	
C241	DUTY/TAX/FEE TYPE	C		NOT USED
5153	Duty/tax/fee type, coded	C	an..3	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
5125	Duty/tax/fee type	C	an..35	
C533	DUTY/TAX/FEE ACCOUNT DETAIL	C		NOT USED
5289	Duty/tax/fee account identification	M	an..6	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
5286	DUTY/TAX/FEE ASSESSMENT BASIS	C	an..15	NOT USED
C243	DUTY/TAX/FEE DETAIL	C		
5279	Duty/tax/fee rate identification	C	an..7	135 = to identify specific rate.
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
5278	Duty/tax/fee rate	C	an..17	Data for qualifier(s) in element 5279
5273	Duty/tax/fee rate basis identification	C	an..12	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
C529	PROCESSING INDICATOR	C		NOT USED
7365	Processing indicator, coded	M	an..3	
1131	Code list qualifier	C	an..3	
3055	Code list responsible agency, coded	C	an..3	
C516	MONETARY AMOUNT	C		NOT USED
5025	Monetary amount type qualifier	M	an..3	
5004	Monetary amount	C	n..18	
6345	Currency, coded	C	an..3	
6343	Currency qualifier	C	an..3	
4405	Status, coded	C	an..3	
5305	DUTY/TAX/FEE CATEGORY, CODED	C	an..3	NOT USED
3446	PARTY TAX IDENTIFICATION NUMBER	C	an..20	NOT USED

Example: TAX+7+++++135::14'

Notes:

TAX - A segment that indicates the default rate of VAT (per medicine item), only if different from the default value.				
Element	Qualifier	Explanatory Notes	Mandatory / Optional	Supplier
5283	7	Contribution levied by authority	Optional	All
5279	135	Actual vat percentage rate	Optional	All

4.1.3 Summary Section

C N T CONTROL TOTALS

Mandatory

Occurrence 99

Function: A segment providing control totals used to indicate the number and values of tariffs, modifiers, medicines in any particular claim (per claim).

C270	CONTROL	M		
6069	Control qualifier	M	an..3	22 = for number of tariff codes. 23 = for number of modifier codes. 24 = for number of medicine codes. 25 = for total value of tariff codes. 26 = for total value of modifiers. 27 = for total value of medicines. 28 = for total value of discount. 29 = for total value of levy. 30 = for total gross price. 31 = for claim total member levies. 32 = for total MMAP surcharge. 33 = for claim total net price. 34 = for claim total CPO discount. 35 = for claim total sales tax. 36 = for claim total professional checking fee. 37 = for claim total amount due by scheme. 38 = for total number of items. 39 = for claim total number of Rx's.
6066	Control value	M	n..18	Data for qualifier(s) in element 6069
6411	Measure unit qualifier	C	an..3	
C270	CONTROL	C		NOT USED
6069	Control qualifier	M	an..3	
6066	Control value	M	n..18	
6411	Measure unit qualifier	C	an..3	
C270	CONTROL	C		NOT USED
6069	Control qualifier	M	an..3	
6066	Control value	M	n..18	
6411	Measure unit qualifier	C	an..3	
C270	CONTROL	C		NOT USED
6069	Control qualifier	M	an..3	
6066	Control value	M	n..18	
6411	Measure unit qualifier	C	an..3	
C270	CONTROL	C		NOT USED
6069	Control qualifier	M	an..3	
6066	Control value	M	n..18	
6411	Measure unit qualifier	C	an..3	

Example: CNT+22:1'

Notes:

CNT - A segment providing control totals used to indicate the number and values of tariffs, modifiers, medicines in any particular claim (per claim).				
Element	Qualifier	Data required	Mandatory / Optional	Supplier
6069	22	Number of tariff codes	Optional	All
	23	Number of modifier codes	Optional	All
	24	Number of medicine codes	Optional	All
	25	Total value of tariff codes	Optional	All
	26	Total value of modifier codes	Optional	All
	27	Total value of medicine codes	Optional	All
	28	Total value of discount	Optional	All
	29	Total value of levy	Optional	All
	30	Total gross price	Optional	Pharmacy
	31	Claim total member levies	Optional	Pharmacy
	32	Total MMAP surcharge	Optional	Pharmacy
	33	Claim nett price	Optional	Pharmacy
	34	Total CPO discount	Optional	Pharmacy
	35	Total claim sales tax	Optional	Pharmacy
	36	Total professional checking fee	Optional	Pharmacy
	37	Total amount due by scheme	Optional	Pharmacy
	38	Total number of items	Optional	Pharmacy
	39	Total number of Rx's	Optional	Pharmacy

UNT MESSAGE TRAILER

Mandatory

Occurrence 1

Function: A service segment to end the message and check the completeness of the message (i.e. the total number of segments in the message and the control reference number of the message).(Translator should do all this)

0074	NUMBER OF SEGMENTS IN A MESSAGE	M	n..6	Actual number of segments in a message.
0062	MESSAGE REFERENCE NUMBER	M	an..14	This number which is allocated is unique for each message and will be the same as the UNH - Message Header.

Example: UNT+223+0001782'

Notes:

UNT - A service segment to end the message and check the completeness of the message (i.e. the total number of segments in the message and the control reference number of the message).(Translator should do all this)				
Element	Qualifier	Data required	Mandatory / Optional	Supplier
0074		Actual number of segments	Mandatory	All
0062		Interchange number	Mandatory	All

4.2 Message Structure

4.2.1 Segment Table

TAG	NAME	Req.	Rep.	Req.	Rep.
UNH	Message header	M	1		
BGM	Beginning of message	C	1		
DCR	Documentary requirement	C	9		
DTM	Date / time reference	C	9		

Segment Group 1 — M — 99

NAD	Name and address	M	1
RFF	References	C	99
FTX	Free text	C	9
PAT	Payment terms basis	C	99
TAX	Duty / tax / fee details	C	9

Segment Group 2 — M — 999

DTM	Date / time reference	M	1
RFF	References	C	99
FTX	Free text	C	9

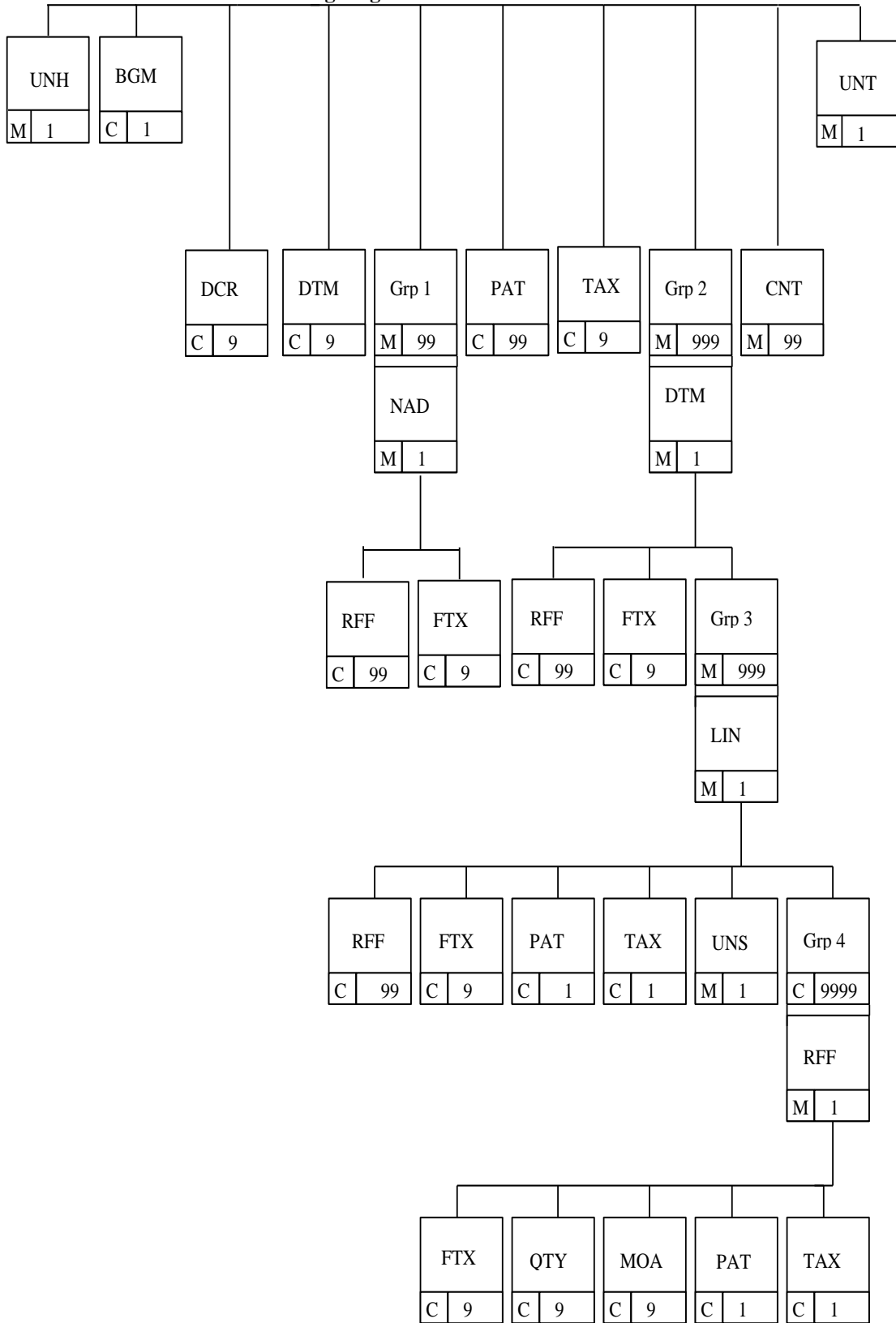
Segment Group 3 — M — 999

LIN	Line item	M	1
RFF	Reference	C	99
FTX	Free text	C	9
PAT	Payment terms basis	C	1
TAX	Duty / tax / fee details	C	1
UNS	Section control	M	1

Segment Group 4 — C — 9999

RFF	References	M	1
FTX	Free text	C	9
QTY	Quantity	C	9
MOA	Monetary amounts	C	9
PAT	Payment terms basis	C	1
TAX	Duty / tax / fee details	C	1
CNT	Control totals	M	99
UNT	Message trailer	M	1

4.2.2 **Branching diagram**



4.3 Data Segments (Alphabetic Sequence)

The following segments form part of the South African Medical Claims Message. The full definitions of these segments are to be found in the UN/EDIFACT Data Segments Directory (EDSD), Part V of the UNTDID, UN Trade Data Interchange Directory.

BGM	Beginning of message.
CNT	Control totals.
DCR	Documentary requirement.
DTM	Date/time reference.
FTX	Free text.
LIN	Line item.
MOA	Monetary amounts.
NAD	Name and address.
PAT	Payment terms basis.
QTY	Quantity.
RFF	References.
TAX	Duty/tax/fee details.
UNH	Message header.
UNS	Section control.
UNT	Message trailer.