

ACIR Pend Reason codes and explanations

This table describes a list of possible pend codes and explanations returned by the ACIR system during claims processing.

Reason code	Explanation
001	Medicare number invalid
002	Medicare sub-numerate invalid
003	Medicare sub-numerate only, Medicare number also required
004	Given name required when no Medicare sub-numerate supplied
005	First character in given name is invalid
006	Invalid character in given name
010	Child's Medicare number or full name and date of birth not supplied
011	First character in surname is invalid
012	Invalid character in surname
013	Date of birth format not acceptable – must be DDMMYY
014	Date of birth in the future
015	Address details invalid or incomplete
016	Invalid postcode
017	Invalid character in address
018	
019	Invalid character for second initial
020	Aboriginality indicator not valid

023	Gender must be F or M
024	Postcode/locality incompatible
025	Ethnicity indicator not valid
026	HepB birth dose indicator invalid – must be Y or blank
027	Age of child at imm date greater than register maximum age AGE
030	Provider number missing
031	Provider number not valid
032	The vaccine administered not supplied
033	The dose number administered not supplied
034 035 036	The immunisation date supplied is either invalid or in the future
037	The immunisation date is prior to the ACIR commencement date 01/01/96
038	Date of birth not valid
039	Provider practice not found
040	Provider check digit not valid
041 042	Provider number not valid
043	Immunisation provider not current
044	Vaccine outside allowed dates

050	Immunisation date prior to child's date of birth
051	Date of receipt prior to child's date of birth
052	Date of receipt prior to immunisation date
053	The date of immunisation after the end date recorded on this child's registration (Medicare eligibility, deceased etc)
054	Date of HEPB birth dose prior to child's date of birth
055	Child over 12 months of age at date of service
056	Date of HepB birth dose must be in accepted format (DDMMYY), with correct days in month, correct months in year and not a future date
060 061 062 075	The vaccine and/or dose number administered not supplied
080	Child not identified
100	Antigen has been administered under the minimum required age
101	Period between doses of the same antigen is less than the minimum time required
102	Duplicate antigen dose – same provider
103	Duplicate antigen dose – different provider
104	Administered within minimum time required between doses – different provider
105 112	Dose greater than maximum allowable dose
106	Higher dose already administered – same provider

107	Dose administered at greater than recommended schedule age – PF18 to ack warning
108	Dose administered under the recommended schedule age – PF18 to ack warning
109	Higher dose already administered – different provider
110	Same provider: Period between doses less than six months
111	Different provider: Period between doses less than 6 months
113	Dose given < schedule age 42 months PF18 to Ack Warning
114	DTP dose 4 given > 42 months – convert to dose 5
115	Antigen has been administered under the minimum required age (HBA & HBB only)
116	DTP dose 4 already given < 42 months - check history – convert to dose 5
300	Duplicate – this service has already been reported
301	Duplicate – service previously reported by different provider
303	Duplicate History Form episode
305	Encounter split: greater than 5 episodes
334	HepB Dose 3 given at < schedule age 15 weeks
400	Child has > 40 episodes – reduce episodes to continue processing