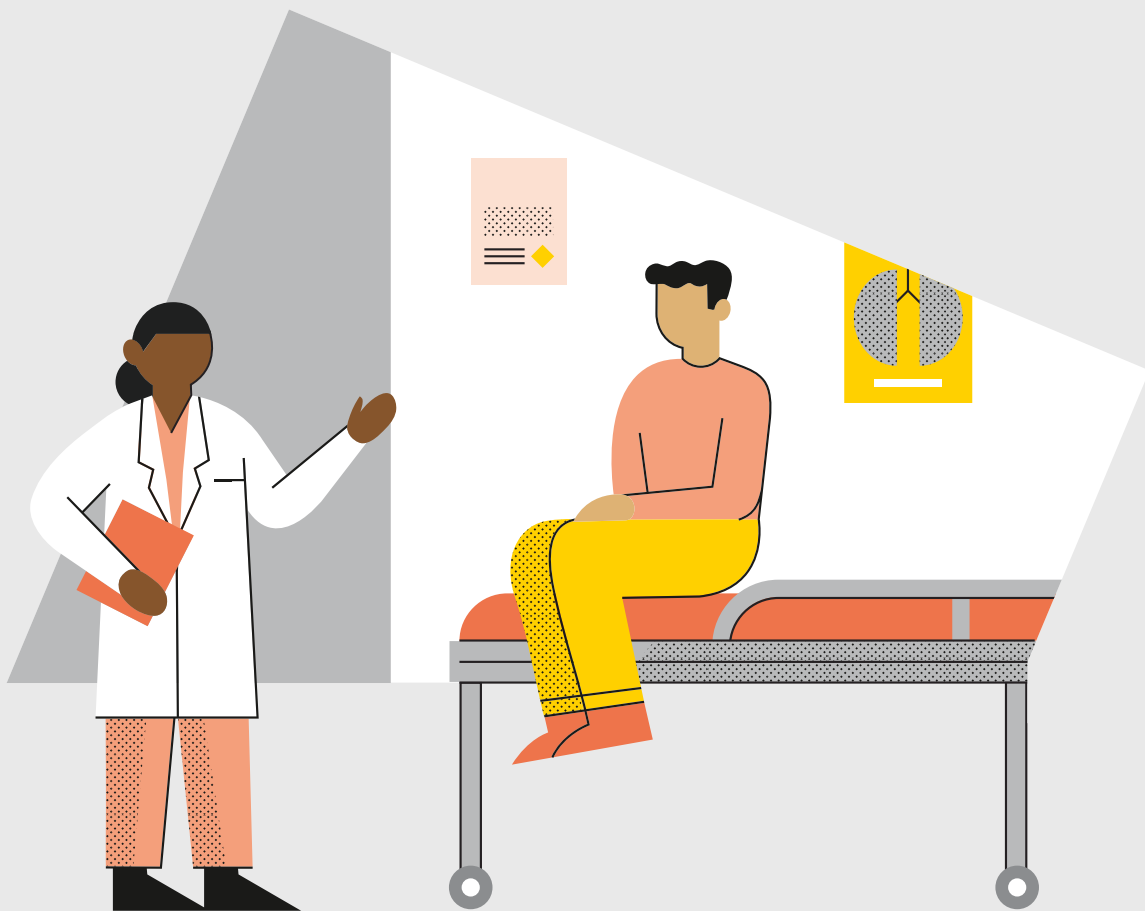


**Version:** 1.0  
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# CommBank Smart Health Response and Error Codes



# Contents

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<b>Contact</b> .....	<b>3</b>
<b>Private Health Insurance (PHI) Fund contact list</b> .....	<b>3</b>
<b>CommBank Smart Health – HealthPoint Response Codes</b> .....	<b>5</b>
HealthPoint – Claim Response Codes .....	5
HealthPoint – Item Response Codes .....	8
CommBank Smart Health – Error Codes .....	12

# Contact

## Smart Health Support

Phone: 1800 222 484

Email: [smarthealthsupport@cba.com.au](mailto:smarthealthsupport@cba.com.au)

User Guides are available under 'Resources' section at [commbank.com.au/smarthealth](http://commbank.com.au/smarthealth) or via 'Support and FAQs' section inside Smart Health Hub.

## Private Health Insurance (PHI) Fund contact list

Health Fund	Member Services	Provider Information
AAMI	13 16 42	13 16 42
ACA	1300 368 390	1300 368 390
ADF Family Health	1300 306 289	1300 306 289
AHM	1300 481 776	1300 481 776
AIA	1800 333 004	1800 333 004
Apia	13 16 42	13 16 42
Australian Unity	1300 459 304	1300 459 304
BUPA	131 243	1800 060 239 <a href="http://bupa.com.au/for-providers">bupa.com.au/for-providers</a>
CBHS	1300 654 123	1300 654 123
CBHS Corporate	1300 586 462	1300 586 462
CUA	1300 499 260	1300 499 260
Defence Health	1800 335 425	1800 335 425
Emergency Services Health	1800 703 703	1800 703 703
Frank Health Insurance	1300 437 265	1300 437 265
GMHBA	1300 446 422	1300 301 437
HBF	133 423	133 423
HCF	13 13 34	1300 799 275
Health.com.au	1300 199 802	1300 199 802
Health Partners	1300 113 113	1300 113 113
HIF	1300 134 060	1300 134 060
Latrobe Health Services	1300 362 144	1300 362 144

<b>Health Fund</b>	<b>Member Services</b>	<b>Provider Information</b>
Medibank Private	132 331	1300 654 887
Navy Health	1300 306 289	1300 306 289
nib	13 14 63	13 16 42
Onemedifund	1800 804 950	1800 804 950
Phoenix Health	1800 028 817	1800 028 817
Peoplecare	1800 808 690	(02) 4224 4333
Police Health	1800 603 603	1800 603 603
Qantas	13 16 42	13 16 42
Queensland Country Health	1800 813 415	(07) 4750 3200
rt Health	1300 886 123	1300 886 123
Suncorp	13 16 42	13 16 42
Teachers Health	1300 727 538	1300 727 538
Teachers Union Health	1300 360 701	1300 360 701
Territory Health	1800 623 893	1800 623 893
Uni Health Insurance	1300 367 906	1300 367 906
Union Health	1300 661 283	1300 661 283
WESTFUND	1300 552 132	1300 552 132

# CommBank Smart Health – HealthPoint Response Codes

HealthPoint is the provider of private health claiming on Smart Health terminals. The below response codes apply to Private Health (including Overseas Student and Visitor) claims. HealthPoint will respond to both the entire claim and individual items in the claim. See tables below for more information.

## HealthPoint – Claim Response Codes

Code	Message	Description	Next Steps / Actions
0	APPROVED	The claim has been approved.	No further action required.
1	PROVIDER NOT APPROVED	Health fund has not approved the selected provider.	The health fund does not recognise this provider. The provider may have been registered for a different modality or incomplete registration with the health fund.  Contact Smart Health support team for assistance.
2	CONTACT FUND	The health fund requires contact.	Contact the health fund for further information.
3	INVALID PROVIDER NUMBER	Provider's ID is not valid.	The provider number is incorrect.  To correct this, the provider registration needs to be re-submitted. Follow the provider registration process in the Smart Health Hub guide, available under 'Resources' section at <a href="http://commbank.com.au/smarthealth">commbank.com.au/smarthealth</a>  To remove incorrect provider registration, please contact Smart Health support team.
4	PLEASE RETAIN CARD	The insurer has requested the PHI fund card be retained by practice.	Please retain patient's PHI membership card and contact the health fund for further assistance.
10	REFER CLAIM TO FUND	The health fund requests this claim be referred to them directly.	Do not process via Smart Health terminal and contact the fund for further instructions.
12	TRANSACTION DECLINED	The claim was declined by the fund.	The health fund has not approved the transaction.  Contact the health fund for further details.

Code	Message	Description	Next Steps / Actions
14	CARD NO IS NOT VALID	Patient's PHI membership card submitted with the claim is no longer valid.	The health fund does not recognise the patient's card. Contact the health fund for next steps.
15	ITEMS NOT ACCEPTED	Item on claim is not valid.	Edit and resubmit claim with valid item.
19	NO ITEMS ENTERED	The claim was submitted without items.	Check claim and ensure items are added before submitting.
21	CONTACT HELP DESK	The system has not taken action on this claim.	Contact Smart Health Support for assistance.
25	UNABLE TO FIND CLAIM	The claim could not be retrieved from the fund.	Contact the health fund for assistance.
30	SYSTEM DATA ERROR	A system error has occurred.	Reject the current claim and process the claim again. If this response code is received again, contact the health fund.
32	COMPLETED PARTIALLY	Not all items in the claim have been successfully claimed.	Check assessment details in claim summary. Contact the health fund for more information
40	MEMBERSHIP NOT COVERED	The patient's health fund membership does not cover the services provided.	Advise the patient to check their cover with the health fund.
42	MEMBERSHIP CEASED / SUSP	Member's policy and coverage has ceased or been suspended.	Advise the patient to check their cover with the health fund.
51	MEMBERSHIP NOT FINANCIAL	The patient's health fund membership has not been paid.	Advise the patient to check their cover with the health fund.
54	CARD HAS EXPIRED	The patient's health fund member card has expired.	Patient's health membership card must be valid at the time of claim. Advise the patient to check their cover with the health fund.
56	INVALID MEMBERSHIP NO	The health fund does not recognise the card you swiped.	Discard the claim, re-start the claim and re-submit it. Alternatively, patient can use their private health membership card stored on their mobile phone. If you receive this message again, advise patient to contact their health fund.
57	NO ANCILLARY COVER	The patient does not have an ancillary cover.	Advise the patient to check their cover with the health fund.

<b>Code</b>	<b>Message</b>	<b>Description</b>	<b>Next Steps / Actions</b>
58	TRANS NOT PERMITTED	The system cannot process this transaction.	The health fund has not been able to process this transaction.  Try again, if you receive the response again, contact the health fund.
60	PROVIDER NOT KNOWN BY FUND	The health fund does not recognise this provider.	There may have been an error during provider's registration with fund.  Contact Smart Health support team to check provider registration.
61	BENEFIT LIMIT EXCEEDED	The patient's benefit limit has been exceeded for the period specified in their policy.	Advise the patient to check their cover with the health fund.
69	NO BENEFIT PAYABLE	No benefit is payable for this claim.	Advise the patient to check their cover with the health fund.
76	NOT SAME DAY AS CLAIM	The claim you are attempting to cancel was not created today.	Claims cannot be cancelled after claim date.
80	PAYMENT REQUIRED BY EMPLOYER	Policy is linked to an employer.	Claim is to be submitted by employer member policy.  Advise the patient to contact the health fund for guidance for employer related claims.
81	UNABLE TO LOCATE CLAIM	The health fund is unable to retrieve the claim	The system was not able to locate the claim.  Try again, and contact health fund if issue persists.
82	CLAIM ALREADY PAID	The claim has already been approved and paid.	The patient's health fund already has a record of this claim.  Contact the health fund for further assistance.
83	TOO MANY PATIENTS	The number of patients in a claim has exceeded the maximum permissible in a claim.	Re-submit claim with fewer patients.
84	REQUIRES MANUAL INVOICE	The claim cannot be submitted electronically via Smart Health.	Do not complete via Smart Health.  Contact the health fund for advice on manual claim submission.
91	SYSTEM BUSY TRY AGAIN	The health fund is receiving high volumes of claims.	It is likely that large volume of claims are being processed at this time.  Try again in a few minutes. If the issue persists, contact the health fund.

Code	Message	Description	Next Steps / Actions
92	SYSTEM UNAVAILABLE	The health fund's system is not responding to the patient's claim.	The health fund is unable to respond to the claim. Try again. If the issue persists, contact the health fund.
93	SYSTEM PROBLEM	System is experiencing a problem.	An unspecified system problem has occurred with the health fund. Try again or contact fund if the problem persists.
94	DUPLICATE TRANSMISSION	The claim is a duplicate of a previous claim.	The claim may have been submitted this claim more than once. Try again. If the problem persists, contact the health fund.
P0-PZ	Health fund specific	Health Fund may send a notification via a response code between P0 – PZ.	Contact the health fund regarding the response code.

## HealthPoint – Item Response Codes

Code	Message	Description
00	APPROVED	The health fund has approved this item.
01	BENEFIT NOT PAYABLE	According to the rules of this health fund, no benefit is payable for this item.
02	RESTRICTED ITEM	The rebate for this item is restricted by the patient's policy, and consequently no benefit is payable for this item.
03	RESTRICTED ITEM	The rebate for this item is restricted by the patient's policy, and consequently only a reduced benefit is payable for this item.
04	PREVIOUSLY PAID	A benefit has already been paid for this item. Advise the patient to check their cover with their health fund.
05	BENEFIT LIMIT REACHED	The patient's benefit limit for this item has been exceeded for the period specified in their policy, so no benefit has been paid. Advise the patient to check their cover and the relevant limits with the health fund.
06	BENEFIT LIMIT REACHED	The patient's benefit limit for this item has been exceeded for the period specified in their policy, so a reduced benefit has been paid. Advise the patient to check their cover and the relevant limits with the health fund.
07	WITHIN WAITING PERIOD	The patient does not qualify for this item because they have not completed the waiting period specified in their policy. Advise the patient to check their cover and the relevant waiting periods with the health fund.



Code	Message	Description
08	PREREQ SRVCE REQUIRED	A pre-requisite service is required before benefits are payable for this item. Advise the patient to check with the health fund as to what is required to qualify for the benefits for this particular item.
09	PRE-EXISTING CONDITION	No benefit is payable as this item applies to a pre-existing condition. Advise the patient to check with their health fund as to what benefit restrictions apply for treatment of their ailment.
10	ITEM NO. IS NOT VALID	The health fund does not recognise this item number. Refer to an up-to-date list of the current items.
11	ITEM NO. CEASED USE	This item number is no longer in use as at the date of service provided. Refer to an up-to-date list of the current items.
12	ITEM NOT FOR PROVIDER	The health fund will not pay benefits for this item when claimed by this provider. Check with the health fund as to the status of the provider and what services the health fund will accept when claimed by them.
13	ITEM NO. NOT APPROVED	The health fund does not approve this item – no benefits have been paid. Check that the item number is correct.
14	ITEM MAX USE EXCEEDED	The health fund imposes a limit on the number of times this item may be used within a particular period. This limit has been exceeded for the patient. Advise the patient to check with their health fund as to any restrictions it imposes on this item.
15	SERVICE FEE MISSING	The health fund will not approve any payment for this item unless you supply the service fee charged for this item. Modify the claim and include the service fee.
17	SERVICE DATE TOO OLD	The service date provided for this item is too far in the past. Check the date of service provided. If it is correct, advise the patient to make a manual claim with the health fund.
18	BODY PART IS REQUIRED	A body part is required for this item and has not been provided. Modify the claim and enter the body part.
19	PATIENT NOT COVERED	The patient was not covered for this type of service as at the date of service was performed. Advise the patient to check their cover with their health fund.
20	NO DEPENDENT STATUS	The patient is no longer covered as their dependent status on the policy holder ceased as at the date of service was performed. Advise the patient to check their cover with their health fund.

Code	Message	Description
21	INVALID PATIENT NO	<p>The patient's reference number for the patient to whom the service was provided is not correct.</p> <p>Check the patient number on the health fund card. For some fund cards, the first patient on the card is number 0. Correct the claim and re-submit it.</p>
22	MEMBERSHIP NOT COVERED	<p>The patient's membership does not cover the services provided as at the date the service was performed.</p> <p>Advise the patient to check their cover with their health fund.</p>
23	MEMBERSHP CEASED/ SUSP	<p>The patient's fund membership has either ceased or been suspended as at the date the service was performed. Patient's policy has ceased or been suspended.</p> <p>Advise the patient to check their cover with their health fund.</p>
24	MEMBERSHP UNFINANCIAL	<p>The patient's fund membership has not been paid as at the date the service was performed.</p> <p>Advise the patient to check their cover with their health fund.</p>
25	NO ANCILLARY COVER	<p>The patient did not have ancillary cover as at the date the service was performed.</p> <p>Advise the patient to check their cover with their health fund.</p>
26	ITEM NOT COVERED	<p>The patient was not covered for item as at date the service was performed.</p> <p>Advise the patient to check their cover with their health fund.</p>
27	POSSIBLE DUPLICATE	<p>Check with the health fund.</p>
28	EXCESS APPLIED	<p>No benefit has been paid for this item because an excess applies.</p> <p>Advise the patient to check their cover with their health fund.</p>
29	EXCESS APPLIED	<p>Reduced benefit has been paid for this item because an excess applies.</p> <p>Advise the patient to check their cover with their health fund.</p>
30	QUOTATION REQUIRED	<p>No benefit has been paid for this item because a quotation must be supplied to the health fund prior to this item being claimed.</p> <p>Advise the patient to check their cover with their health fund.</p>
31	QUOTATION REQUIRED	<p>Reduced benefit has been paid for this item because a quotation must be supplied to the health fund prior to this item being claimed.</p> <p>Advise the patient to check their cover with their health fund.</p>
32	EXCEEDS QUOTATION	<p>No benefit has been paid for this item because the fee for this item exceeds the quotation given.</p> <p>Advise the patient to check their cover with their health fund.</p>

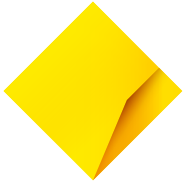
Code	Message	Description
33	EXCEEDS QUOTATION	Reduced benefit has been paid for this item because the fee for this item exceeds the quotation given. Advise the patient to check their cover with their health fund.
34	AGE RESTRICTION	No benefit has been paid because the health fund applies an age restriction to this item. Advise the patient to check their cover with their health fund.
35	AGE RESTRICTION	Reduced benefit has been paid because the health fund applies an age restriction to this item. Advise the patient to check their cover with their health fund.
36	GENDER RESTRICTION	No benefit has been paid because the health fund applies a gender restriction to this item. Advise the patient to check their cover with their health fund.
37	GENDER RESTRICTION	Reduced benefit has been paid because the health fund applies a gender restriction to this item. Advise the patient to check their cover with their health fund.
38	INVALID CHARGE	No benefit has been paid because the health fund deems the charge for this item invalid. Check with the health fund for an explanation.
39	NOTIONAL CHARGE	No benefit has been paid. Check with the health fund for an explanation.
40	CONVERTED ITEM	No benefit has been paid. Check with the health fund for an explanation.
41	REFER TO FUND	No benefit has been paid. Check with the health fund for an explanation.
42	SYSTEM PROBLEM	The system is experiencing a problem. Check notifications from HealthPoint in the Smart Health Hub.
50	PROVIDER NOT KNOWN	The health fund does not recognise this provider. Contact Smart Health support team for assistance.
51	NOT ALLOWED FOR PROV	The health fund does not pay benefits when this service is performed by this provider. Advise the patient to check their cover with their health fund.

## CommBank Smart Health – Error Codes

Code	Description	Next steps
T001	Card is not supported	Check patient's private health fund card and try again.
T000- T018	Card related status code	Patient may have an incorrect card, request the patient to try another card.
1004 or 900	System error	There is an issue in the process. Follow the navigation as per the message guided on screen.  If you get this message again, call the Smart Health support team for further assistance.
400 or 5112	Provider is not properly registered	To correct this, the provider registration needs to be re-submitted. Follow the provider registration process in the Smart Health Hub guide.  To remove incorrect provider registration, contact Smart Health support team.
1003	Code entered has multiple certificate	Terminal pairing access code error.  Please note: the pairing access code expires after 3 minutes and a new code may be required.  Refer to Smart Health hub guide to follow the process of terminal pairing with Smart Health Hub.
1004	Code entered has no certificate	Terminal pairing with Smart Health Hub is not complete.  Please note: the pairing access code expires after 3 minutes and a new code may be required.  Refer to Smart Health hub guide to follow the process of terminal pairing with Smart Health Hub.
1005	Code entered is invalid	The access code entered for terminal pairing is invalid.  Please note: the pairing access code expires after 3 minutes and a new code may be required.  Refer to Smart Health hub guide to follow the process of terminal pairing with Smart Health Hub.
5063	Medicare claim has exceeded the number items allowed to raise claim	Ensure each Medicare claim does not exceed more than 14 items. Adjust the number of items on the claim and re-submit.
5114	Code entered is expired	The access code entered for terminal pairing has expired.  Refer to Smart Health hub guide to follow the process of terminal pairing with Smart Health Hub.
5131	Private Health Insurance (PHI) claim has exceeded the number items allowed to raise claim	Ensure each private health claim does not exceed more than 15 items. Adjust the number of items on the claim and re-submit.

Code	Description	Next steps
8888	Signature failed to save	The terminal was unable to save patient's signature. Retry claim and ask the patient to sign on screen when prompted. If message persists, call the Smart Health support team for further assistance.
9201	Invalid format for data item	This error simply indicates that some of the information provided is either incorrectly formatted or missing. Ensure that all required fields are filled and accurate.
9998	HealthPoint communication error	Check for outage notifications in Smart Health Hub. If message persists, contact Smart Health support team for assistance.
9999 or no code	Network error or System error	<ul style="list-style-type: none"> <li>• Check the Power cord is plugged in.</li> <li>• Ensure the Wi-Fi is enabled (Connection to Wi-Fi is optional).</li> <li>• If network error persists disconnect from the Wi-Fi network however leave Wi-Fi 'ON' (Terminal will automatically switch once connected Wi-Fi network is disconnected).</li> <li>• If message persists, call the Smart Health support team for further assistance.</li> </ul>
Card not supported		This error appears when processing a Medicare rebate, the debit card is tapped instead of insert/swipe. Please ensure patient's debit card is inserted or swiped for processing of Medicare rebate.

**Note:** For Wi-Fi network connectivity issues, refer detailed steps in Smart Terminal user guides 'Resources' available at [commbank.com.au/smarthealth](http://commbank.com.au/smarthealth)



This information is intended to provide general information of an educational nature only. It does not have regard to the financial situation or needs of any reader and must not be relied upon as financial product advice. You should consider seeking independent financial advice before making any decision based on this information. The information in this user guide and any opinions, conclusions or recommendations are reasonably held or made, based on the information available at the time of its publication but no representation or warranty, either expressed or implied, is made or provided as to the accuracy, reliability or completeness of any statement made in this article.

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