

Front Desk

Practice Management System

Medicare / DVA Online Claiming Guide

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Smartsoft Pty Ltd

Free Call (Australia): 1800 18 18 20

International: + 61 8 8361 2666

Free Fax (Australia): 1800 18 18 30

International Fax: + 61 2 8006 5205

Web: <http://www.smartsoft.com.au>

Email: frontdesk@smartsoft.com.au

The logo for Smartsoft, featuring a blue triangle pointing right above the word "smartsoft" in a lowercase, sans-serif font.

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

Front Desk allows users to process 2 different types of Patient Claims; these are referred to as **Patient Claims: Interactive (PCI)** and **Patient Claims: Store & Forward (PCS)**.

Patient Claims: Interactive (PCI) allows real-time processing of a single claim, and is available during Medicare Australia operating hours. PCI allows claims to be transmitted and assessed at the time of billing, and will return an outcome immediately.

Patient Claims: Store & Forward (PCS) involves preparing and authorising the claim, storing the claim, and then forwarding it to Medicare at a more convenient time. PCS is the required method of transmitting claims outside Medicare Australia operating hours.

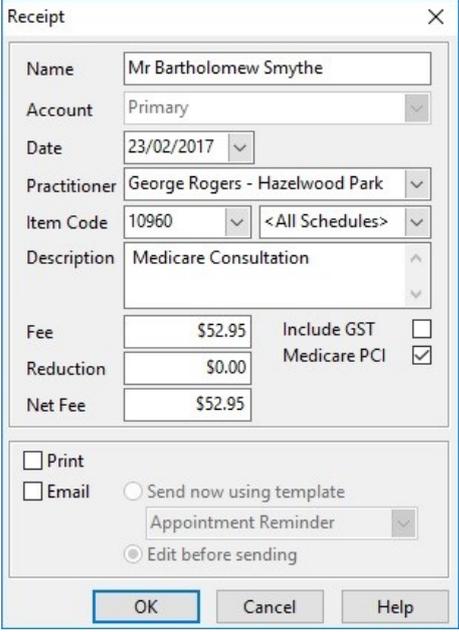
**Note: Medicare Australia operating hours are:
7am to 9pm (AEST), Monday to Friday (except National Public Holidays)**

MEDICARE / DVA ONLINE CLAIMING GUIDE

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PCI claims are generally sent to Medicare at the time of billing or receipting the patient, but a claim can be submitted to Medicare up to 2 years after the treatment date.

SUBMITTING A PATIENT CLAIM FROM THE RECEIPT SCREEN

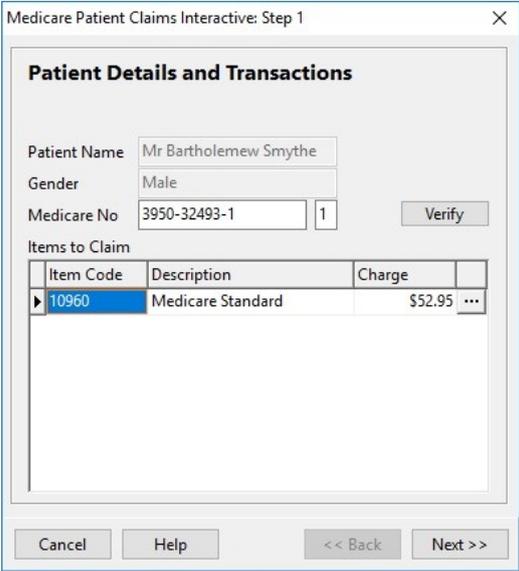


The Receipt dialog box contains the following fields and options:

- Name: Mr Bartholomew Smythe
- Account: Primary
- Date: 23/02/2017
- Practitioner: George Rogers - Hazelwood Park
- Item Code: 10960
- Description: Medicare Consultation
- Fee: \$52.95
- Reduction: \$0.00
- Net Fee: \$52.95
- Include GST:
- Medicare PCI:
- Print:
- Email: Send now using template (Appointment Reminder)
- Send now using template: Edit before sending

If the patient would like to claim their Medicare rebate on the spot, tick the **Medicare PCI** option on the **Receipt** screen.

After payment has been taken, the **Medicare Claiming Wizard** will be displayed.



The Medicare Patient Claims Interactive: Step 1 dialog box contains the following fields and options:

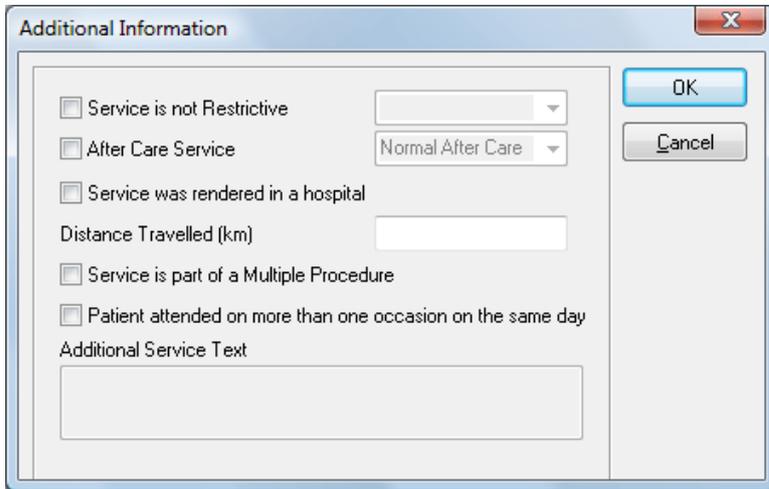
- Patient Name: Mr Bartholomew Smythe
- Gender: Male
- Medicare No: 3950-32493-1
- Verify:
- Items to Claim table:

Item Code	Description	Charge
10960	Medicare Standard	\$52.95
- Navigation:

MEDICARE / DVA ONLINE CLAIMING GUIDE

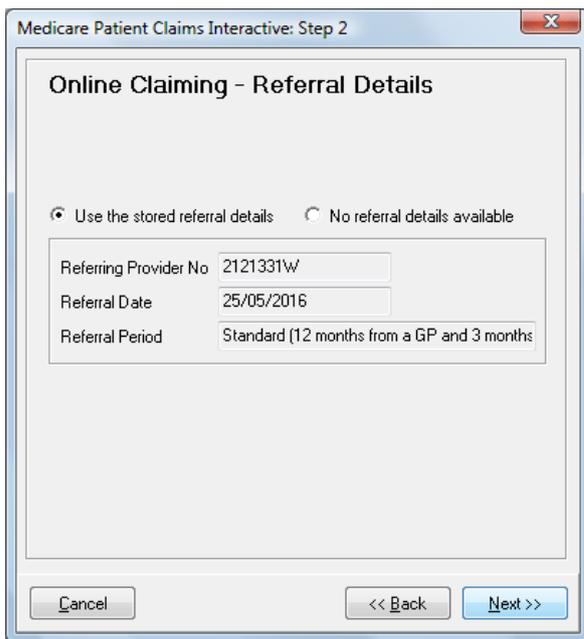
Medicare/DVA Online Claiming

The first page displays patient information and a list of the items to be claimed through Medicare. Clicking on the  button allows additional information to be entered about the claim.



Select any relevant options and click **OK** to return to the Wizard.

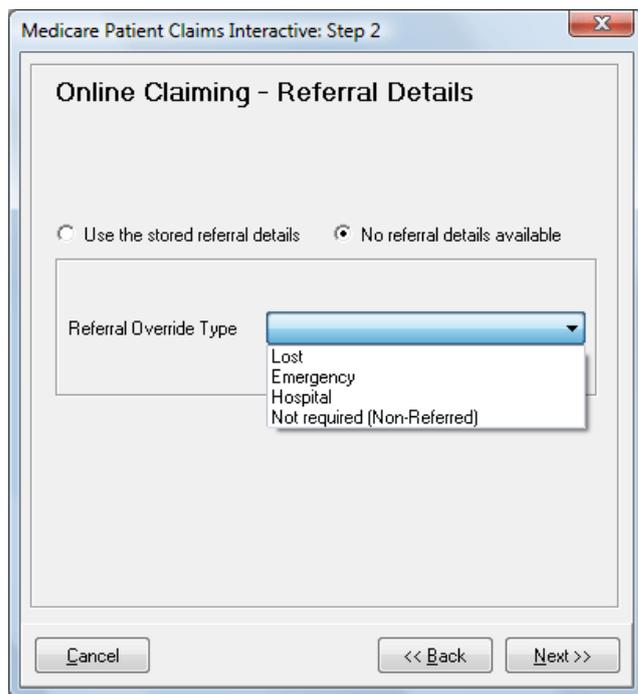
Click **Next** to continue to the next page.



The Online Claiming – Referral Details page is displayed. If referral details were entered for the patient these will be displayed here. If there are no referral details then the **No referral details available** option will be selected, and a reason must be selected from the list.

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Medicare/DVA Online Claiming



Medicare Patient Claims Interactive: Step 2

Online Claiming - Referral Details

Use the stored referral details No referral details available

Referral Override Type

- Lost
- Emergency
- Hospital
- Not required (Non-Referred)

Buttons:

If **Hospital** is selected, the following page will be displayed to enter the name of the hospital where the treatment took place.



Medicare Patient Claims Interactive: Step 3

Hospital Details

Please provide the name of the hospital

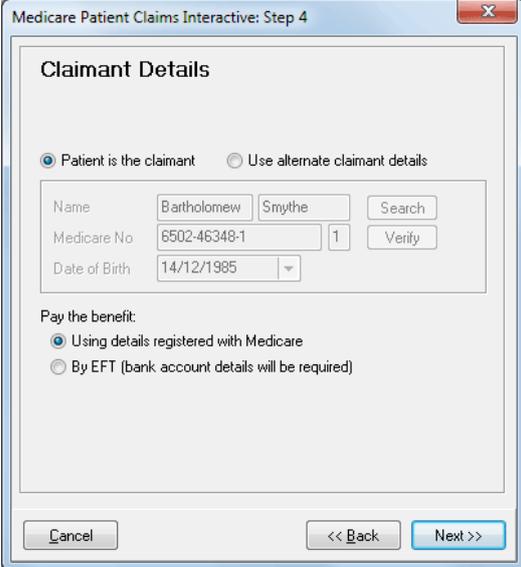
Royal Adelaide Hospital

Buttons:

Click **Next** to continue.

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming



Medicare Patient Claims Interactive: Step 4

Claimant Details

Patient is the claimant Use alternate claimant details

Name:

Medicare No:

Date of Birth:

Pay the benefit:

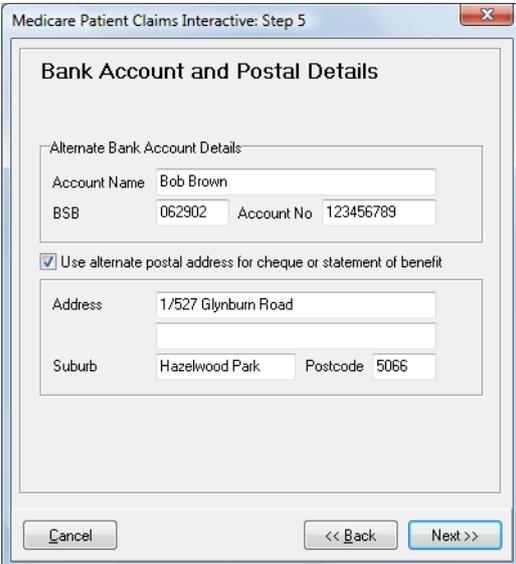
Using details registered with Medicare

By EFT (bank account details will be required)

The next page allows **Claimant Details** to be entered. If the patient will not be the one claiming the rebate from Medicare, then select **Use alternate claimant details**. This will automatically display claimant details if they have been entered on the patient's file, or it will allow users to search for a claimant. This would typically be used in the case where a child is the patient, and the rebate will be sent to a parent.

This page also allows the patient to select whether they would prefer the benefit to be paid **Using details registered with Medicare** or if they would like an **EFT** payment directly into their bank account.

Click **Next** to continue.



Medicare Patient Claims Interactive: Step 5

Bank Account and Postal Details

Alternate Bank Account Details

Account Name:

BSB: Account No:

Use alternate postal address for cheque or statement of benefit

Address:

Suburb: Postcode:

The **Bank Account and Postal Details** page is displayed.

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

This page allows bank account details to be entered (if **EFT** was selected on the previous page), and allows an alternate postal address to be specified if the cheque or statement is to go to an address other than the one in Medicare Australia's records.

Click **Next** to continue.



Medicare Patient Claims Interactive: Step 6

Submit Claim

The patient has been asked if they would like the claim to be submitted on their behalf.

Claim using Store & Forward
(required when claiming outside Medicare Australia operating hours)

Print

Cancel << Back Submit

The **Submit Claim** page is displayed.

The patient must then give their consent to have the claim submitted electronically to Medicare Australia.

Check **The patient has been asked if they would like the claim to be submitted on their behalf** if they agree.

If submitting a **PCS** claim, check the **Claim using Store & Forward** option.

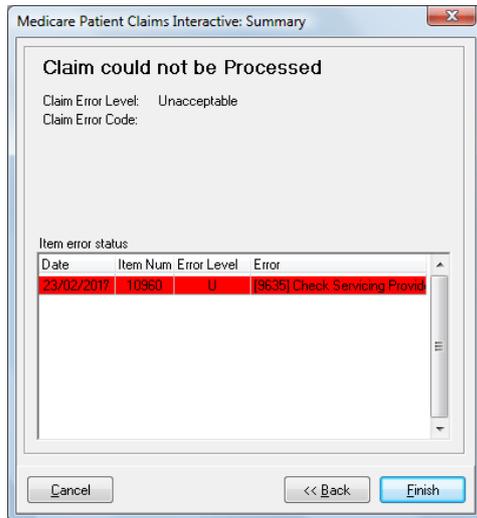
Click **Submit**. The claim will then be sent to Medicare Australia.

If the claim is accepted, a **Statement of Claim and Benefit Payment** will be printed (if the **Print** option is selected).

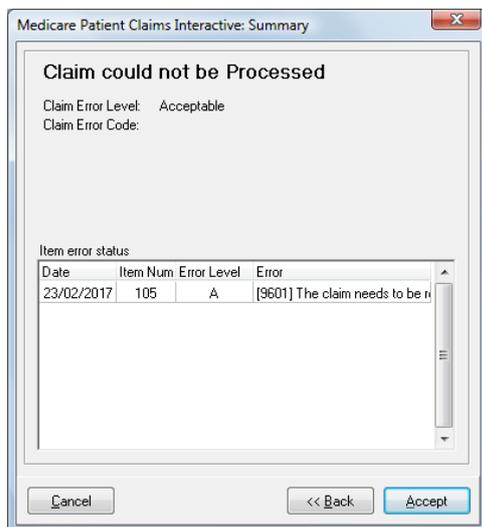
If the claim is rejected, the following screen will be displayed.

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Medicare/DVA Online Claiming

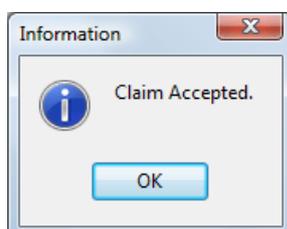


An **Unacceptable** error level means that the claim can not be accepted with the current details. It must be cancelled and started again.



An **Acceptable** error level means that the claim can not be processed automatically and it needs to be referred to Medicare and processed manually. To do this, click **Accept**.

The following message will be displayed

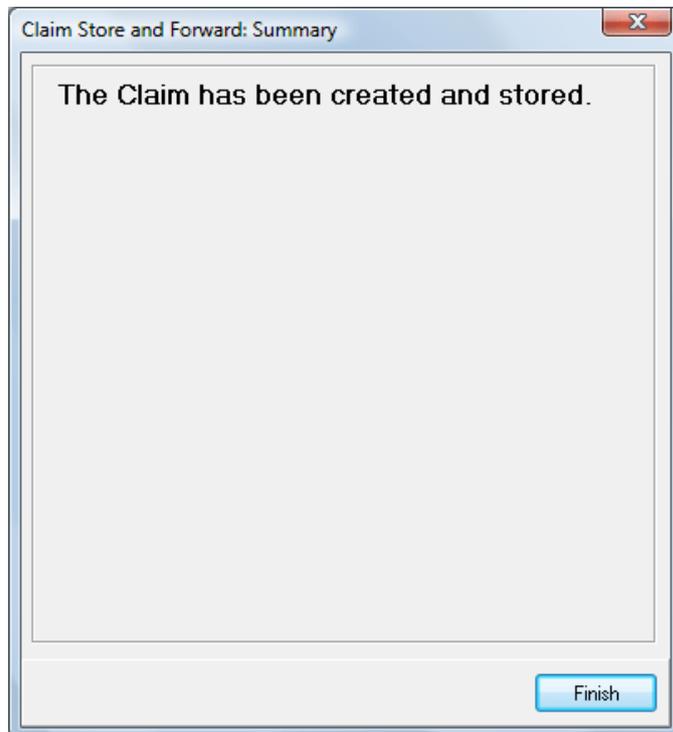


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Medicare/DVA Online Claiming

A **Lodgement Advice** will then be printed.

If the **Claim using Store & Forward** option is checked, a **Lodgement Advice** will be printed (If selected), and the following page will be displayed.

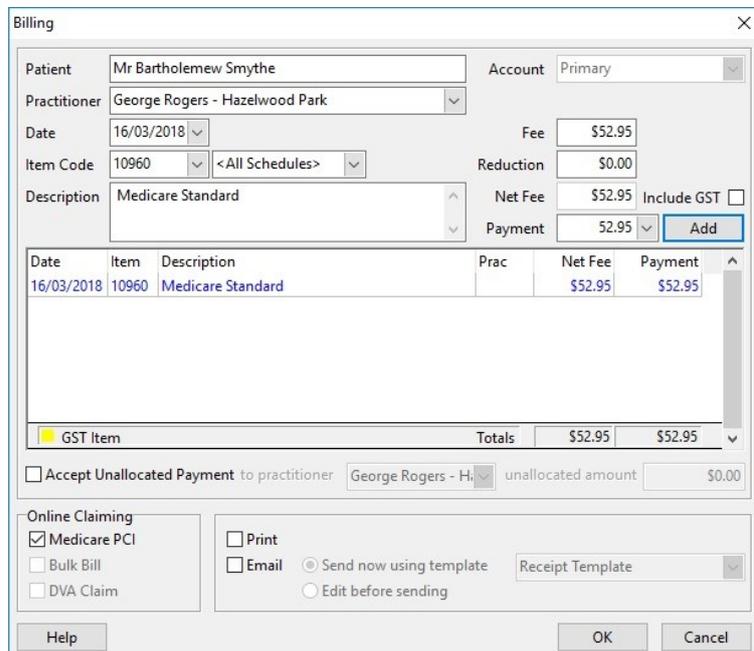


Click **Finish** to close the Wizard.

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

It is also possible to claim directly from the Billing screen.



The screenshot shows the Billing screen with the following details:

- Patient: Mr Bartholemew Smythe
- Practitioner: George Rogers - Hazelwood Park
- Date: 16/03/2018
- Item Code: 10960
- Description: Medicare Standard
- Account: Primary
- Fee: \$52.95
- Reduction: \$0.00
- Net Fee: \$52.95
- Payment: \$2.95
- Include GST:

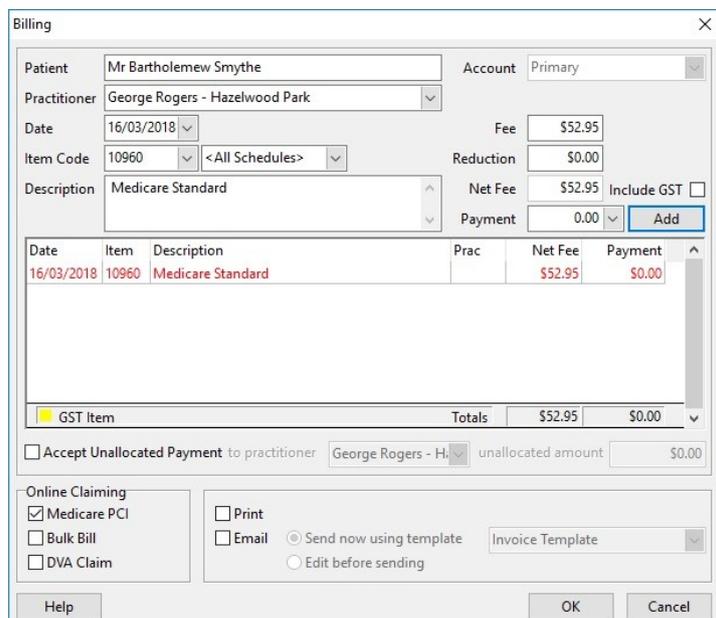
Date	Item	Description	Prac	Net Fee	Payment
16/03/2018	10960	Medicare Standard		\$52.95	\$52.95

Totals: \$52.95 (Net Fee), \$52.95 (Payment)

Online Claiming options: Medicare PCI, Bulk Bill, DVA Claim. Email options: Print, Email (Send now using template: Receipt Template, Edit before sending).

Check the **Medicare PCI** option and then click OK.

If the transaction is paid in full, the claiming process is identical to claiming from the Receipt screen.



The screenshot shows the Billing screen with the following details:

- Patient: Mr Bartholemew Smythe
- Practitioner: George Rogers - Hazelwood Park
- Date: 16/03/2018
- Item Code: 10960
- Description: Medicare Standard
- Account: Primary
- Fee: \$52.95
- Reduction: \$0.00
- Net Fee: \$52.95
- Payment: 0.00
- Include GST:

Date	Item	Description	Prac	Net Fee	Payment
16/03/2018	10960	Medicare Standard		\$52.95	\$0.00

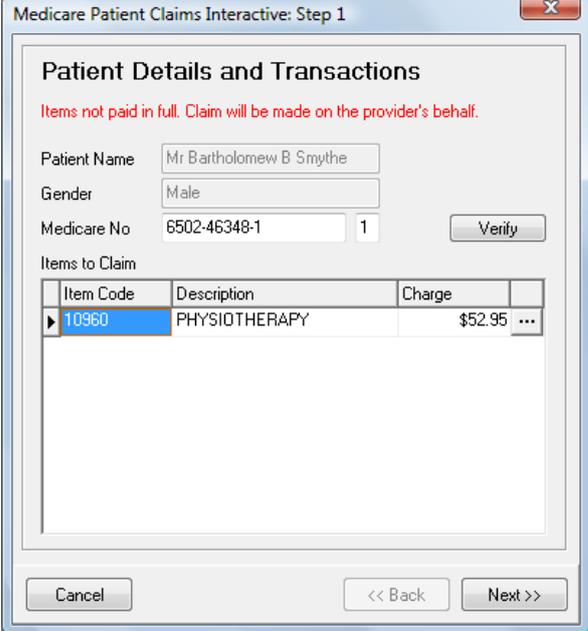
Totals: \$52.95 (Net Fee), \$0.00 (Payment)

Online Claiming options: Medicare PCI, Bulk Bill, DVA Claim. Email options: Print, Email (Send now using template: Invoice Template, Edit before sending).

If no payment or a part-payment has been made, the Medicare Online Claiming Wizard will appear differently.

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming



Medicare Patient Claims Interactive: Step 1

Patient Details and Transactions

Items not paid in full. Claim will be made on the provider's behalf.

Patient Name: Mr Bartholomew B Smythe
Gender: Male
Medicare No: 6502-46348-1 1

Items to Claim

Item Code	Description	Charge	
10960	PHYSIOTHERAPY	\$52.95	...

The first page displays the text “Items not paid in full. Claim will be made on the provider’s behalf.”

This means that no benefit will be paid to the patient. The benefit will instead be paid to the practitioner.

Click **Next** to continue.



Medicare Patient Claims Interactive: Step 2

Online Claiming - Referral Details

Use the stored referral details No referral details available

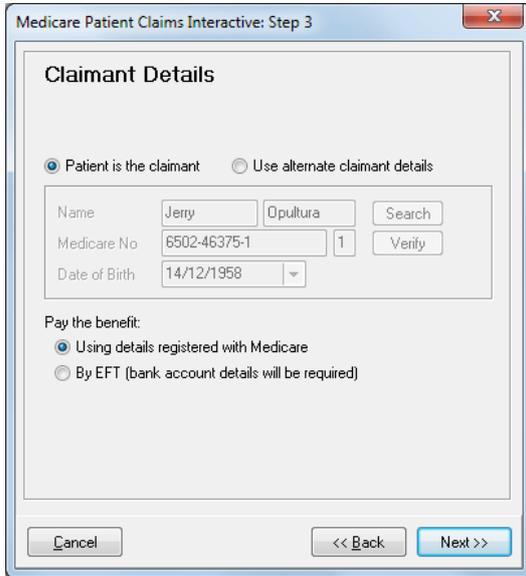
Referring Provider No: 2121331W
Referral Date: 25/02/2018
Referral Period: Standard (12 months from a GP and 3 months)

The **Online Claiming – Referral Details** page is displayed.

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

Click **Next** to continue.

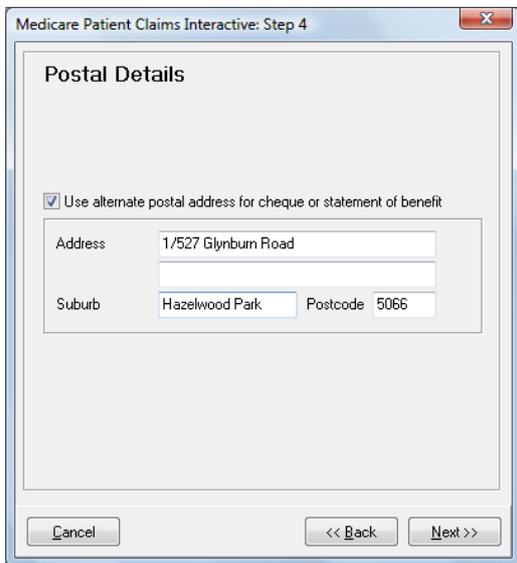


The screenshot shows a window titled "Medicare Patient Claims Interactive: Step 3" with a close button (X) in the top right corner. The main content area is titled "Claimant Details". It contains two radio buttons: "Patient is the claimant" (selected) and "Use alternate claimant details". Below this is a form with three rows: "Name" with input fields for "Jerry" and "Opultura" and a "Search" button; "Medicare No" with input fields for "6502-46375-1" and "1" and a "Verify" button; and "Date of Birth" with a dropdown menu showing "14/12/1958". Below the form is the section "Pay the benefit:" with two radio buttons: "Using details registered with Medicare" (selected) and "By EFT (bank account details will be required)". At the bottom of the window are three buttons: "Cancel", "<< Back", and "Next >>".

The **Claimant Details** page is displayed. If the patient has paid on the day, users can select whether to pay the benefit **Using details registered with Medicare** or **By EFT (bank account details will be required)**.

When the benefit is paid to the practitioner, the only option is to have a cheque sent out. This cheque will be posted to the patient / claimant who will then have to present it to the practitioner.

Click **Next** to continue.



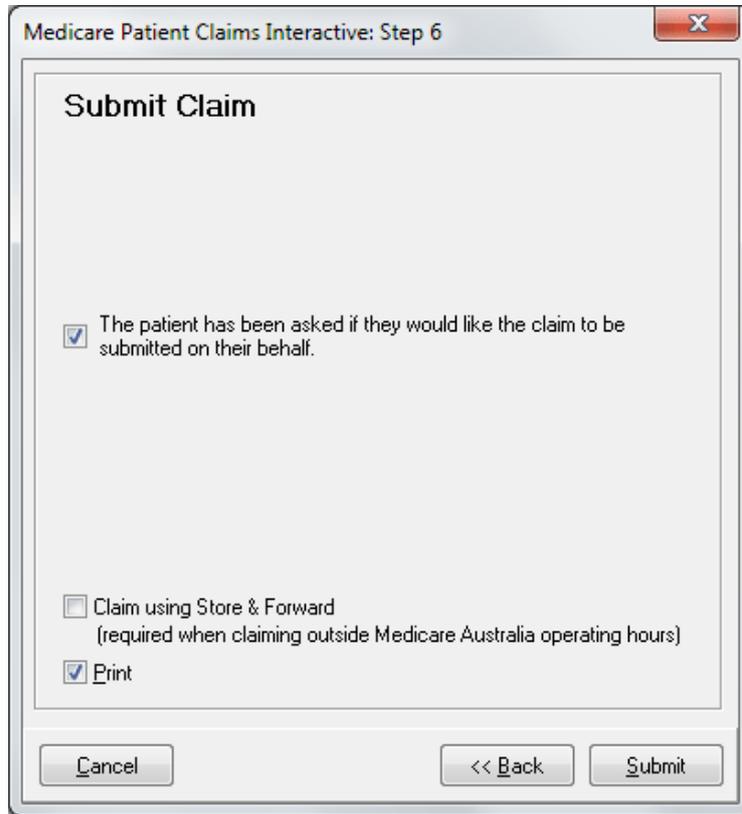
The screenshot shows a window titled "Medicare Patient Claims Interactive: Step 4" with a close button (X) in the top right corner. The main content area is titled "Postal Details". It contains a checked checkbox "Use alternate postal address for cheque or statement of benefit". Below this is a form with three rows: "Address" with a single input field containing "1/527 Glynburn Road"; "Suburb" with an input field containing "Hazelwood Park"; and "Postcode" with an input field containing "5066". At the bottom of the window are three buttons: "Cancel", "<< Back", and "Next >>".

The **Postal Details** page is displayed.

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

Enter any relevant details and click **Next** to continue.



Medicare Patient Claims Interactive: Step 6

Submit Claim

The patient has been asked if they would like the claim to be submitted on their behalf.

Claim using Store & Forward
(required when claiming outside Medicare Australia operating hours)

Print

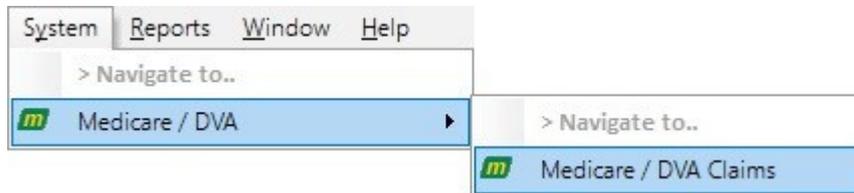
Cancel << Back Submit

The **Submit Claim** page is displayed. Once the patient has given consent for the claim to be submitted, click **Submit** to send the claim to Medicare Australia.

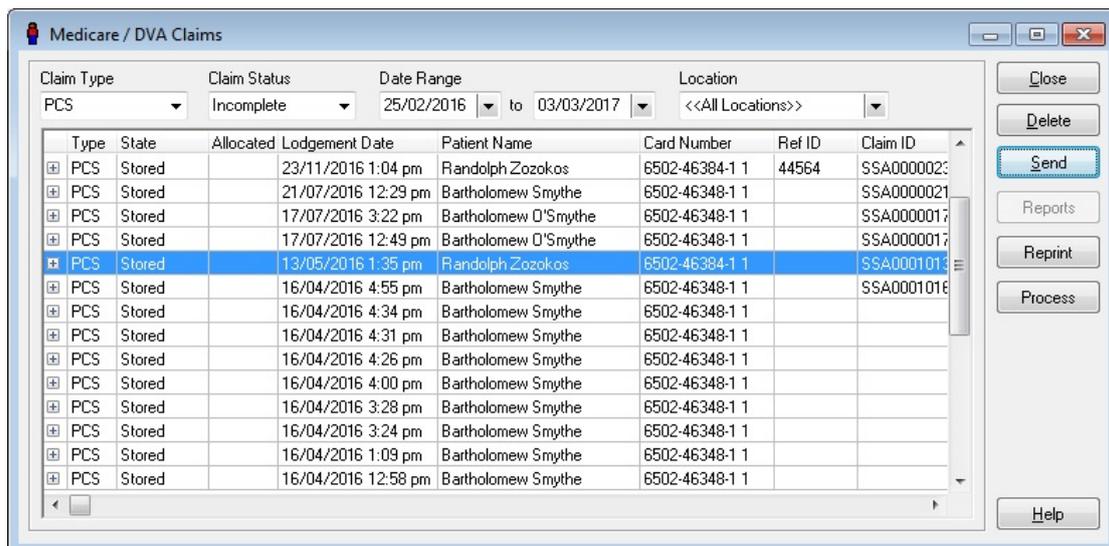
MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

To forward a stored PCS Claim, go to the **System** menu and select **Medicare / DVA Claims**.



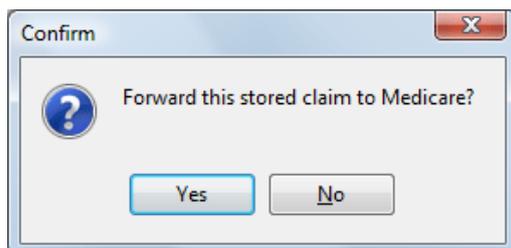
The following screen is displayed



PCS claims that have not yet been forwarded will have the state **Stored** and will be displayed when the **Claim State** is set to **Incomplete**.

Find the PCS claim that you wish to forward to Medicare Australia, highlight it and click on the **Send** button.

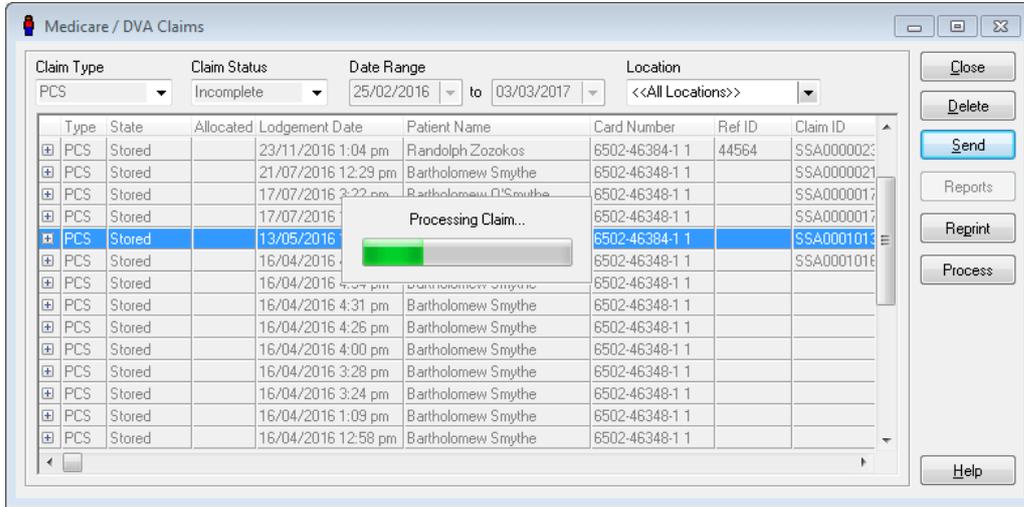
You will be asked if you want to forward the stored claim.



MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

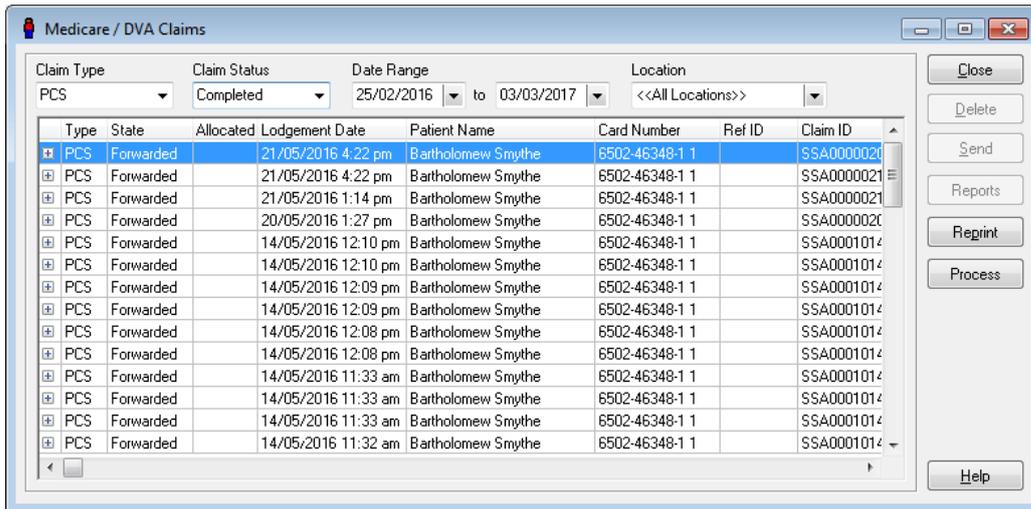
Click **Yes**. A progress bar will be displayed while the claim is being submitted.



The screenshot shows the 'Medicare / DVA Claims' application window. At the top, there are filters for Claim Type (PCS), Claim Status (Incomplete), Date Range (25/02/2016 to 03/03/2017), and Location (<<All Locations>>). Below these filters is a table of claims. The table has columns for Type, State, Allocated, Lodgement Date, Patient Name, Card Number, Ref ID, and Claim ID. One row is highlighted in blue, and a 'Processing Claim...' dialog box with a progress bar is overlaid on it. On the right side of the window, there are buttons for Close, Delete, Send, Reports, Reprint, Process, and Help.

Type	State	Allocated	Lodgement Date	Patient Name	Card Number	Ref ID	Claim ID
PCS	Stored		23/11/2016 1:04 pm	Randolph Zozokos	6502-46384-1 1	44564	SSA0000020
PCS	Stored		21/07/2016 12:29 pm	Bartholomew Smythe	6502-46348-1 1		SSA0000021
PCS	Stored		17/07/2016 3:22 pm	Bartholomew D'Smythe	6502-46348-1 1		SSA0000017
PCS	Stored		17/07/2016		6502-46348-1 1		SSA0000017
PCS	Stored		13/05/2016		6502-46384-1 1		SSA0001013
PCS	Stored		16/04/2016		6502-46348-1 1		SSA0001016
PCS	Stored		16/04/2016 4:24 pm	Bartholomew Smythe	6502-46348-1 1		
PCS	Stored		16/04/2016 4:31 pm	Bartholomew Smythe	6502-46348-1 1		
PCS	Stored		16/04/2016 4:26 pm	Bartholomew Smythe	6502-46348-1 1		
PCS	Stored		16/04/2016 4:00 pm	Bartholomew Smythe	6502-46348-1 1		
PCS	Stored		16/04/2016 3:28 pm	Bartholomew Smythe	6502-46348-1 1		
PCS	Stored		16/04/2016 3:24 pm	Bartholomew Smythe	6502-46348-1 1		
PCS	Stored		16/04/2016 1:09 pm	Bartholomew Smythe	6502-46348-1 1		
PCS	Stored		16/04/2016 12:58 pm	Bartholomew Smythe	6502-46348-1 1		

Once the claim has been submitted, the State will change to **Forwarded** and it will no longer be displayed on the screen. To view all **Forwarded** claims, select **Completed** from the **Claim State** drop-down list at the top of the screen.



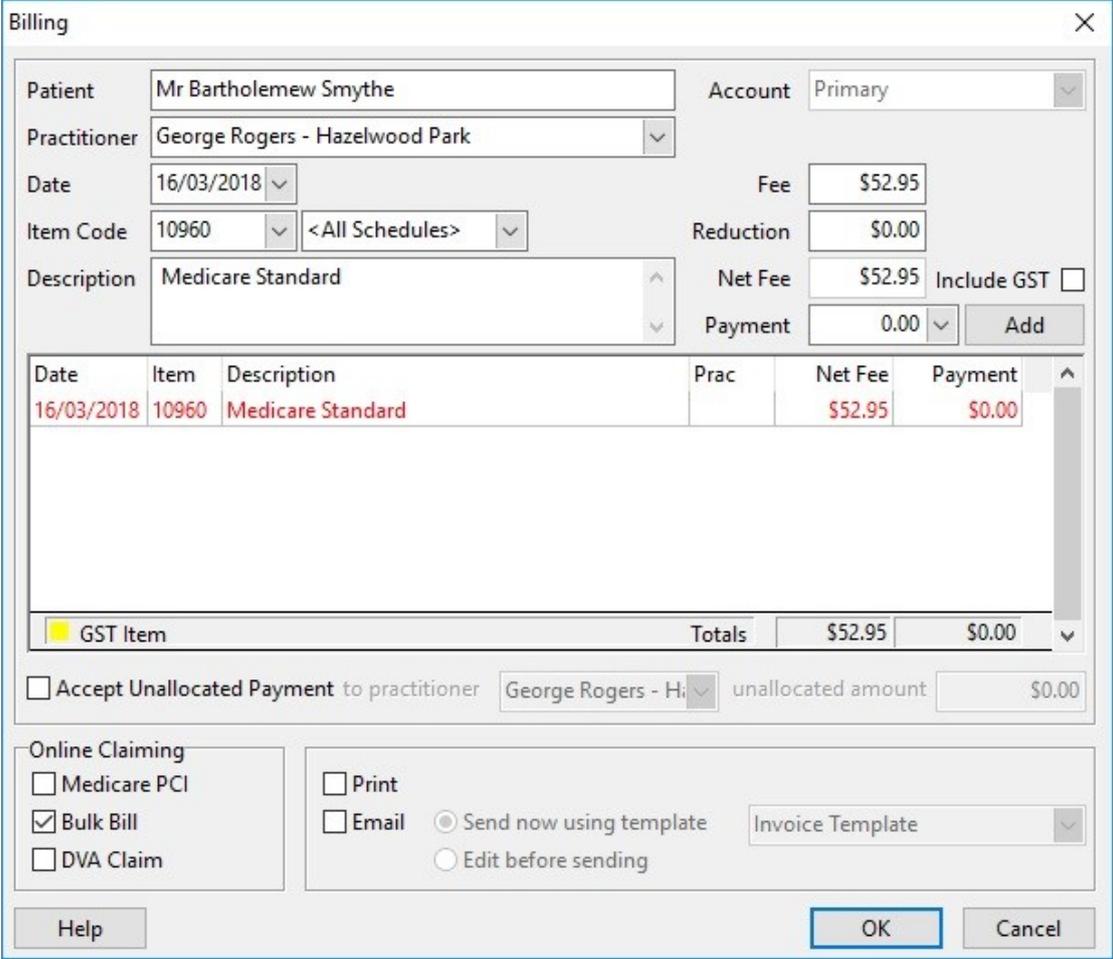
The screenshot shows the 'Medicare / DVA Claims' application window with the Claim Status filter set to 'Completed'. The table now displays a list of forwarded claims. The table has columns for Type, State, Allocated, Lodgement Date, Patient Name, Card Number, Ref ID, and Claim ID. On the right side of the window, there are buttons for Close, Delete, Send, Reports, Reprint, Process, and Help.

Type	State	Allocated	Lodgement Date	Patient Name	Card Number	Ref ID	Claim ID
PCS	Forwarded		21/05/2016 4:22 pm	Bartholomew Smythe	6502-46348-1 1		SSA0000020
PCS	Forwarded		21/05/2016 4:22 pm	Bartholomew Smythe	6502-46348-1 1		SSA0000021
PCS	Forwarded		21/05/2016 1:14 pm	Bartholomew Smythe	6502-46348-1 1		SSA0000021
PCS	Forwarded		20/05/2016 1:27 pm	Bartholomew Smythe	6502-46348-1 1		SSA0000020
PCS	Forwarded		14/05/2016 12:10 pm	Bartholomew Smythe	6502-46348-1 1		SSA0001014
PCS	Forwarded		14/05/2016 12:10 pm	Bartholomew Smythe	6502-46348-1 1		SSA0001014
PCS	Forwarded		14/05/2016 12:09 pm	Bartholomew Smythe	6502-46348-1 1		SSA0001014
PCS	Forwarded		14/05/2016 12:09 pm	Bartholomew Smythe	6502-46348-1 1		SSA0001014
PCS	Forwarded		14/05/2016 12:08 pm	Bartholomew Smythe	6502-46348-1 1		SSA0001014
PCS	Forwarded		14/05/2016 12:08 pm	Bartholomew Smythe	6502-46348-1 1		SSA0001014
PCS	Forwarded		14/05/2016 11:33 am	Bartholomew Smythe	6502-46348-1 1		SSA0001014
PCS	Forwarded		14/05/2016 11:33 am	Bartholomew Smythe	6502-46348-1 1		SSA0001014
PCS	Forwarded		14/05/2016 11:33 am	Bartholomew Smythe	6502-46348-1 1		SSA0001014
PCS	Forwarded		14/05/2016 11:32 am	Bartholomew Smythe	6502-46348-1 1		SSA0001014

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

Front Desk also provides the ability to send Bulk Bill claims to Medicare Australia over the Internet.



The screenshot shows a 'Billing' window with the following details:

- Patient:** Mr Bartholemew Smythe
- Practitioner:** George Rogers - Hazelwood Park
- Date:** 16/03/2018
- Item Code:** 10960
- Description:** Medicare Standard
- Account:** Primary
- Fee:** \$52.95
- Reduction:** \$0.00
- Net Fee:** \$52.95
- Payment:** 0.00
- Include GST:**

Date	Item	Description	Prac	Net Fee	Payment
16/03/2018	10960	Medicare Standard		\$52.95	\$0.00
Totals				\$52.95	\$0.00

GST Item

Accept Unallocated Payment to practitioner: George Rogers - Hazelwood Park unallocated amount: \$0.00

Online Claiming:

- Medicare PCI
- Bulk Bill
- DVA Claim

Print

Email

- Send now using template: Invoice Template
- Edit before sending

Buttons: Help, OK, Cancel

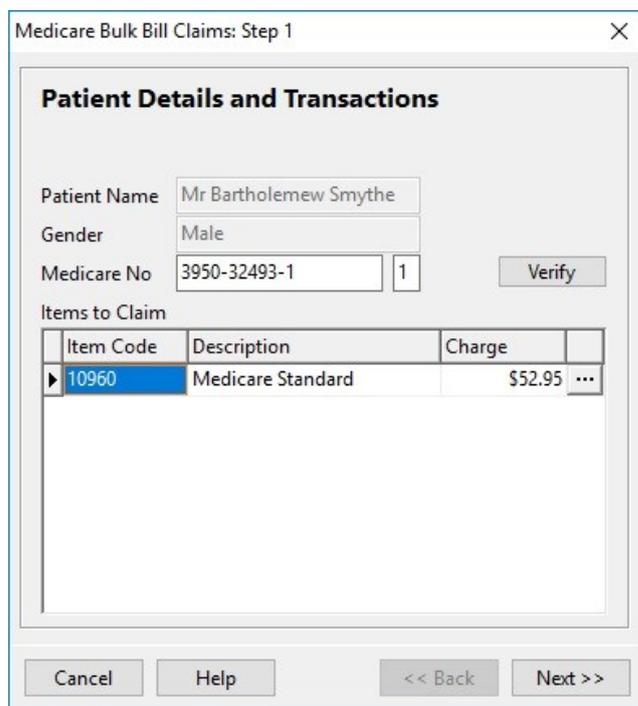
To submit a Bulk Bill claim from the Billing screen, check the **Bulk Bill** option at the bottom of the screen.

Note: this option is only available when no payment has been made.

Click **OK**. The Medicare Online Claiming Wizard will be displayed.

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming



Medicare Bulk Bill Claims: Step 1

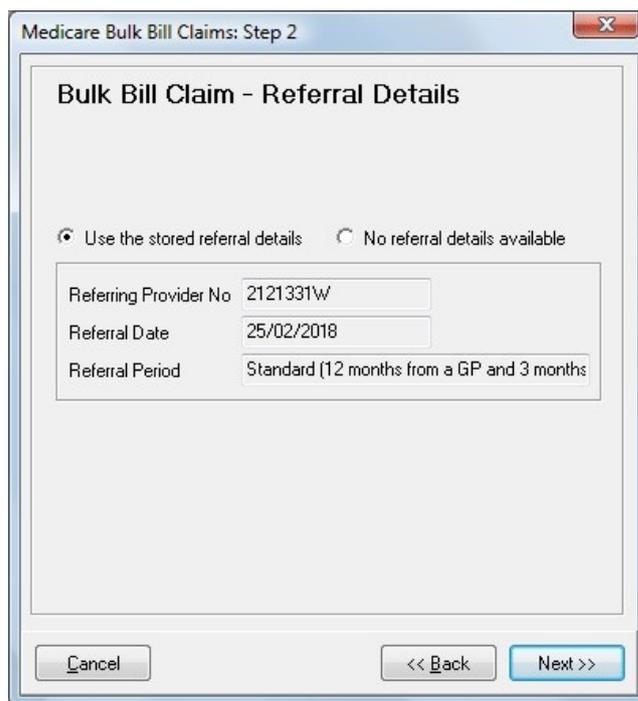
Patient Details and Transactions

Patient Name: Mr Bartholemew Smythe
Gender: Male
Medicare No: 3950-32493-1 1

Items to Claim

Item Code	Description	Charge	
▶ 10960	Medicare Standard	\$52.95	...

Click **Next** to continue.



Medicare Bulk Bill Claims: Step 2

Bulk Bill Claim - Referral Details

Use the stored referral details No referral details available

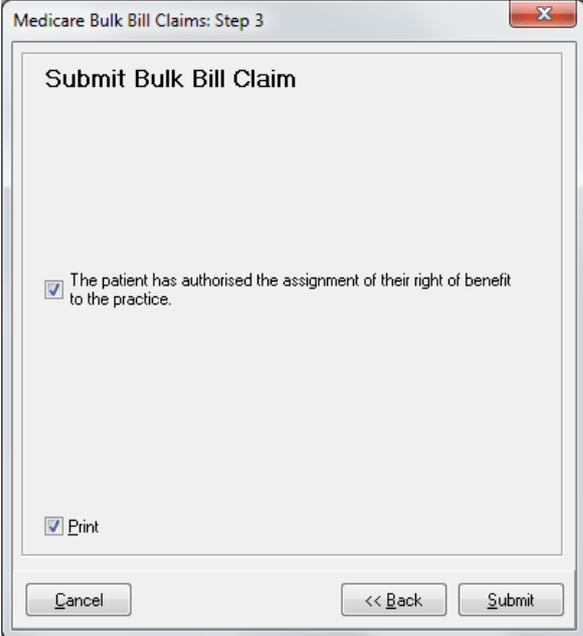
Referring Provider No: 2121331W
Referral Date: 25/02/2018
Referral Period: Standard (12 months from a GP and 3 months

The **Bulk Bill Claim – Referral Details** page is displayed.

Click **Next** to continue.

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming



Medicare Bulk Bill Claims: Step 3

Submit Bulk Bill Claim

The patient has authorised the assignment of their right of benefit to the practice.

Print

Cancel << Back Submit

The **Submit Bulk Bill Claim** page is displayed.

The patient must agree that they authorise the assignment of their right of benefit to the practice. Check this option and click **Submit**.

A **Bulk Bill Assignment Advice (DB4)** will be printed (if the **Print** option is selected).

The **Bulk Bill Summary** page is displayed.



Medicare Bulk Bill Claims: Summary

The Bulk Bill claim has been submitted.

Submission details

Bulk Bill Claim Succeeded.

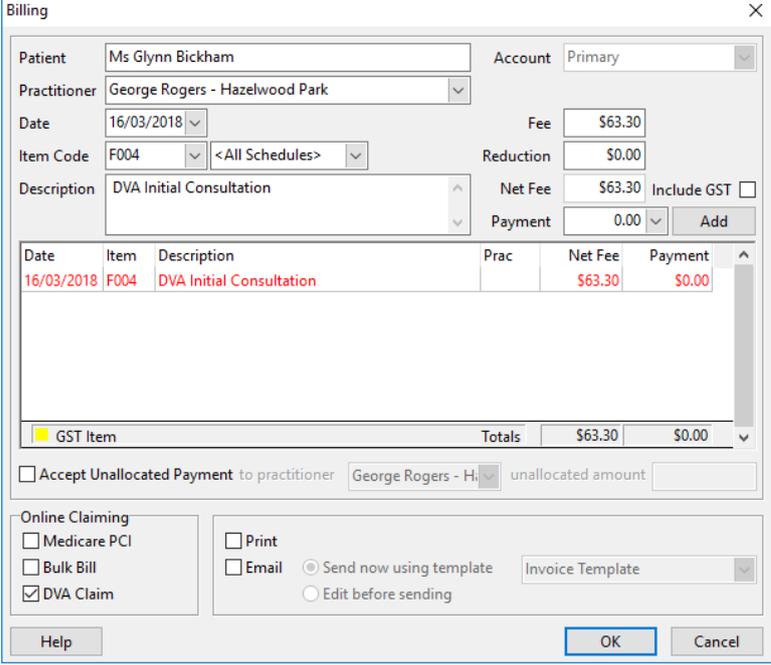
Finish

This will contain details of any errors in the claim. Click **Finish** to close the Wizard.

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

Front Desk also provides the ability to submit **DVA Allied Health Claims** over the Internet.



The screenshot shows a 'Billing' window with the following details:

- Patient: Ms Glynn Bickham
- Practitioner: George Rogers - Hazelwood Park
- Date: 16/03/2018
- Item Code: F004
- Description: DVA Initial Consultation
- Account: Primary
- Fee: \$63.30
- Reduction: \$0.00
- Net Fee: \$63.30
- Payment: 0.00

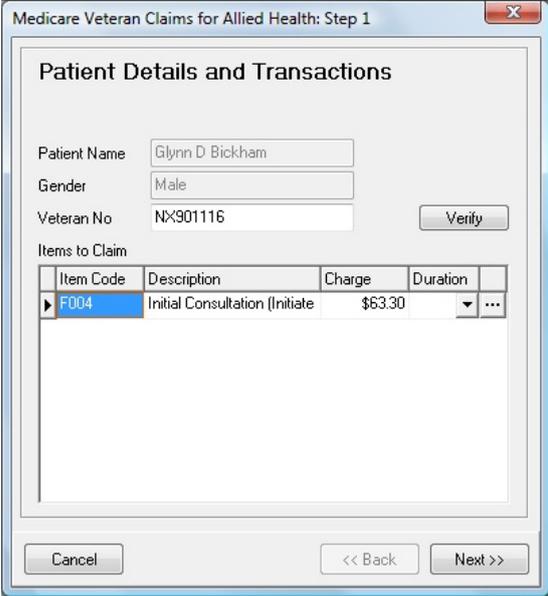
Date	Item	Description	Prac	Net Fee	Payment
16/03/2018	F004	DVA Initial Consultation		\$63.30	\$0.00

At the bottom, the 'DVA Claim' option is checked under 'Online Claiming'. Other options include Medicare PCI, Bulk Bill, Print, and Email.

To submit a DVA claim from the Billing screen, check the **DVA Claim** option at the bottom of the screen.

Note: this option is only available when no payment has been made.

Click **OK**. The Medicare Online Claiming Wizard will be displayed.



The screenshot shows the 'Medicare Veteran Claims for Allied Health: Step 1' window with the following details:

- Patient Name: Glynn D Bickham
- Gender: Male
- Veteran No: NX901116
- Verify button

Item Code	Description	Charge	Duration
F004	Initial Consultation (Initiate	\$63.30	...

Navigation buttons: Cancel, << Back, Next >>

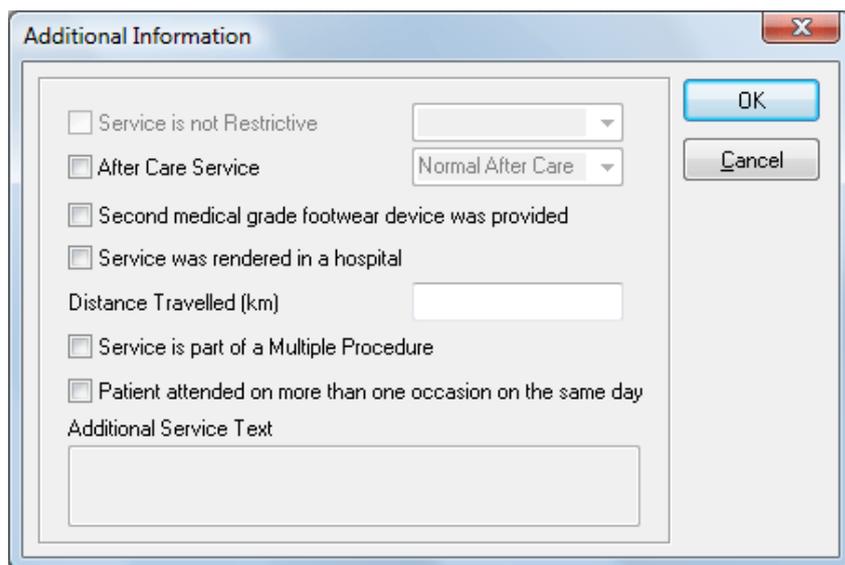
MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

The first page displays patient information and a list of the items to be claimed through Medicare. Clicking on the  button allows additional information to be entered about the claim.

Depending on the type of practitioner, different options are displayed on this screen:

Allied Health (including Chiropractic, Occupational Therapy, Osteopathic, Physiotherapy, Podiatry)

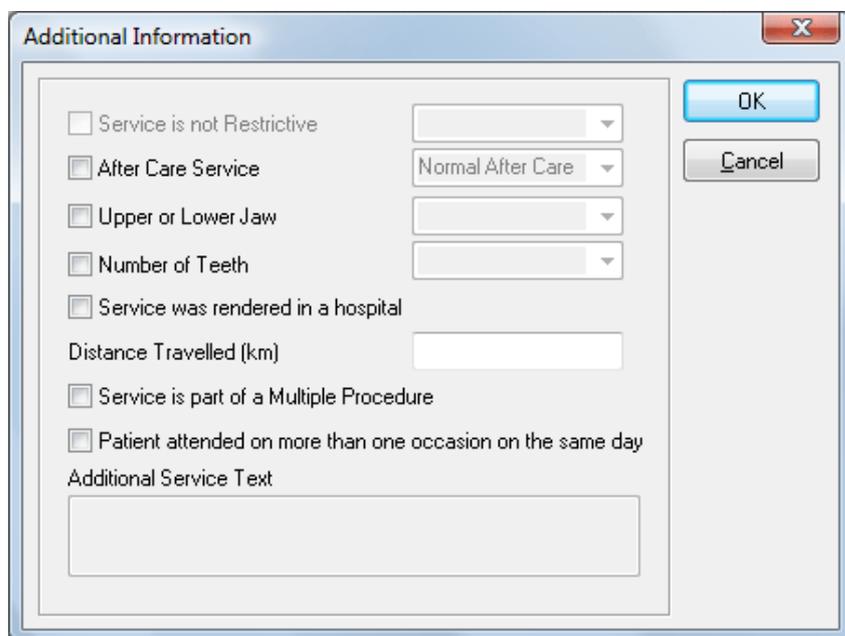


The screenshot shows a dialog box titled "Additional Information" with a close button (X) in the top right corner. The dialog contains the following fields and options:

- Service is not Restrictive (with a dropdown menu)
- After Care Service (with a dropdown menu showing "Normal After Care")
- Second medical grade footwear device was provided
- Service was rendered in a hospital
- Distance Travelled (km) (with a text input field)
- Service is part of a Multiple Procedure
- Patient attended on more than one occasion on the same day
- Additional Service Text (with a large text area)

On the right side of the dialog, there are two buttons: "OK" and "Cancel".

Dental



The screenshot shows a dialog box titled "Additional Information" with a close button (X) in the top right corner. The dialog contains the following fields and options:

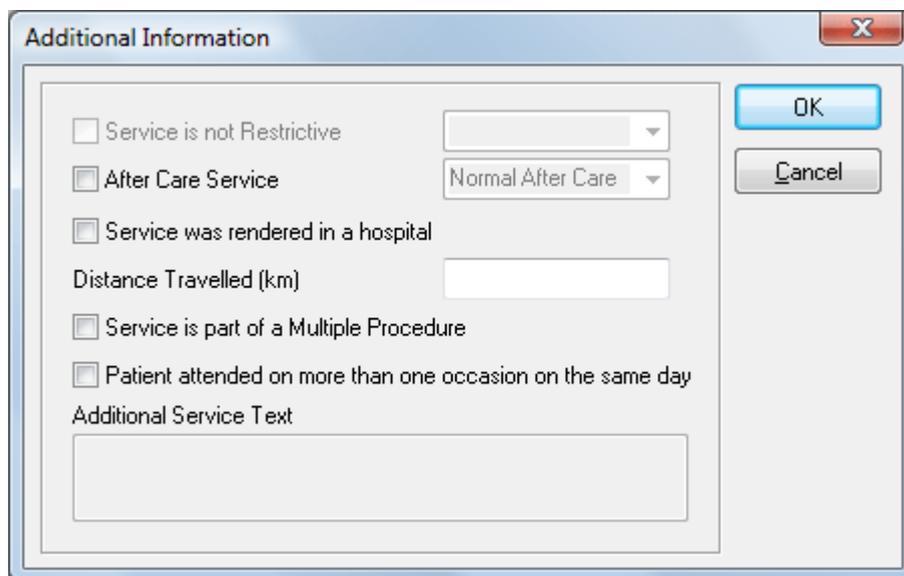
- Service is not Restrictive (with a dropdown menu)
- After Care Service (with a dropdown menu showing "Normal After Care")
- Upper or Lower Jaw (with a dropdown menu)
- Number of Teeth (with a dropdown menu)
- Service was rendered in a hospital
- Distance Travelled (km) (with a text input field)
- Service is part of a Multiple Procedure
- Patient attended on more than one occasion on the same day
- Additional Service Text (with a large text area)

On the right side of the dialog, there are two buttons: "OK" and "Cancel".

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

Psychology and Speech Pathology



Additional Information

Service is not Restrictive

After Care Service

Service was rendered in a hospital

Distance Travelled (km)

Service is part of a Multiple Procedure

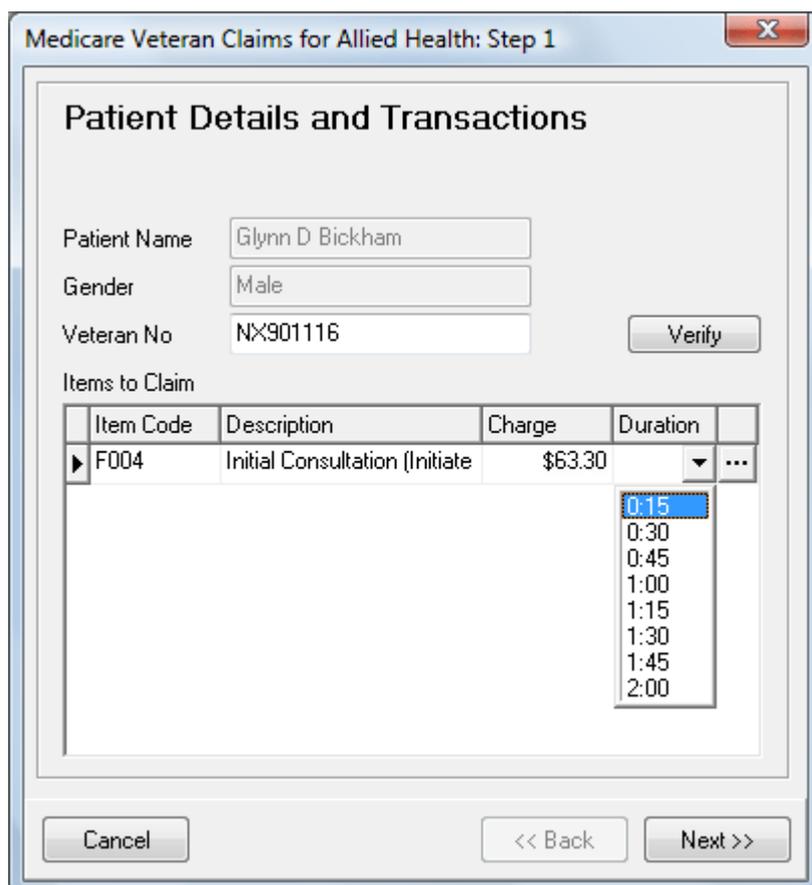
Patient attended on more than one occasion on the same day

Additional Service Text

OK

Cancel

For Speech Pathology claims, a **Duration** must also be entered for each item claimed.



Medicare Veteran Claims for Allied Health: Step 1

Patient Details and Transactions

Patient Name: Glynn D Bickham

Gender: Male

Veteran No: NX901116

Verify

Items to Claim

Item Code	Description	Charge	Duration
F004	Initial Consultation (Initiate	\$63.30	0:15

0:15

0:30

0:45

1:00

1:15

1:30

1:45

2:00

Cancel

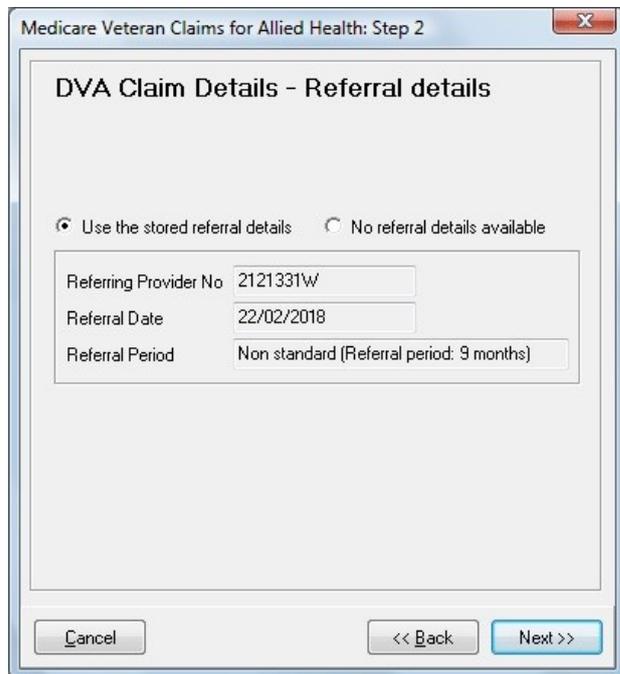
<< Back

Next >>

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

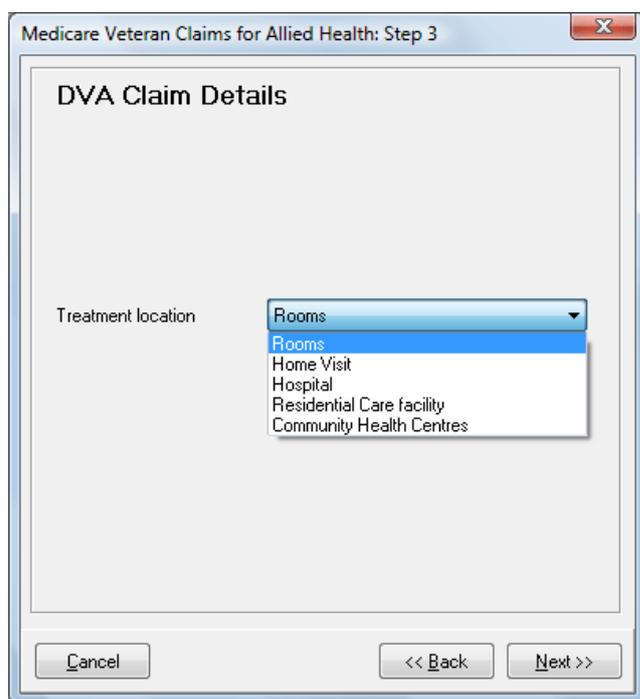
Click **Next** to continue.



The screenshot shows a window titled "Medicare Veteran Claims for Allied Health: Step 2". The main heading is "DVA Claim Details - Referral details". There are two radio buttons: "Use the stored referral details" (selected) and "No referral details available". Below this are three input fields: "Referring Provider No" with the value "2121331W", "Referral Date" with the value "22/02/2018", and "Referral Period" with the value "Non standard (Referral period: 9 months)". At the bottom, there are three buttons: "Cancel", "<< Back", and "Next >>".

The **DVA Claim Details – Referral details** page is displayed.

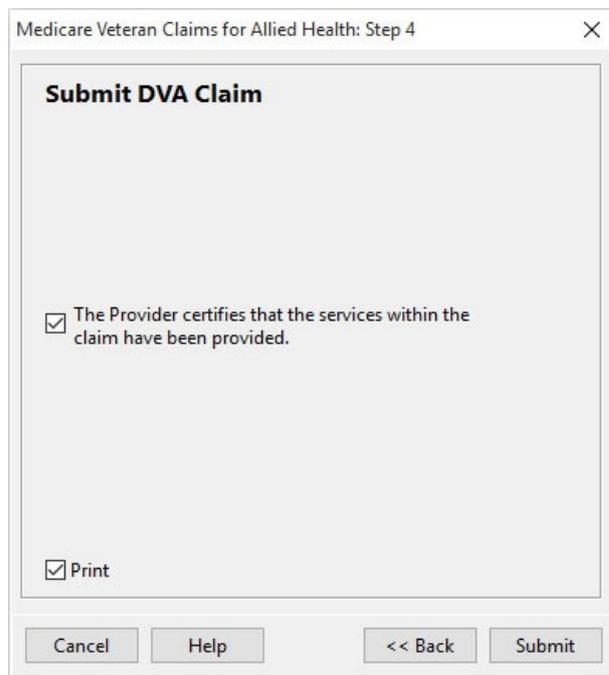
Click **Next** to continue.



The screenshot shows a window titled "Medicare Veteran Claims for Allied Health: Step 3". The main heading is "DVA Claim Details". There is a label "Treatment location" next to a dropdown menu. The dropdown menu is open, showing the following options: "Rooms" (highlighted), "Home Visit", "Hospital", "Residential Care facility", and "Community Health Centres". At the bottom, there are three buttons: "Cancel", "<< Back", and "Next >>".

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming



Medicare Veteran Claims for Allied Health: Step 4

Submit DVA Claim

The Provider certifies that the services within the claim have been provided.

Print

Cancel Help << Back Submit

The practitioner must certify that the services within the claim have been provided. Check this option then click **Submit**.

If the **Print** option is selected, **DVA Claim for Treatment Services (D1217)** will be printed, and 2 copies of a **DVA Health Practitioner Service Voucher (D1216S)** will also be printed.

The **DVA Summary** page is displayed.



Medicare Veteran Claims for Allied Health: Summary

The DVA claim has been submitted.

Submission details

DVA Claim Succeeded.

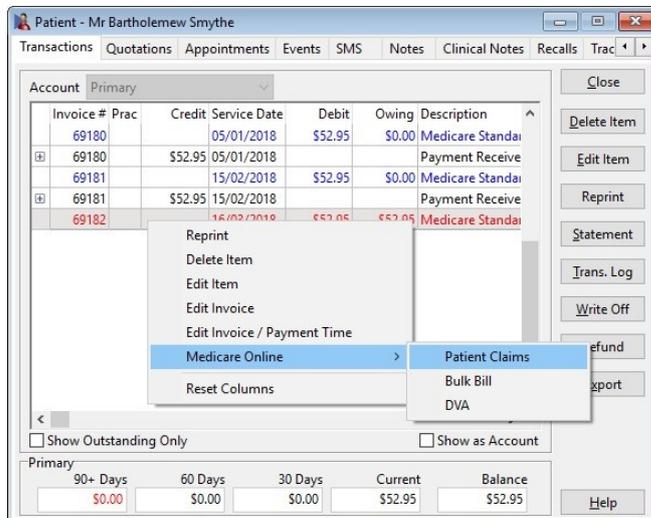
Finish

Click **Finish** to close the Wizard.

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

It is also possible to submit **Patient Claims**, **Bulk Bill Claims** and **DVA Allied Health Claims** from the Transactions tab on the Patient file.

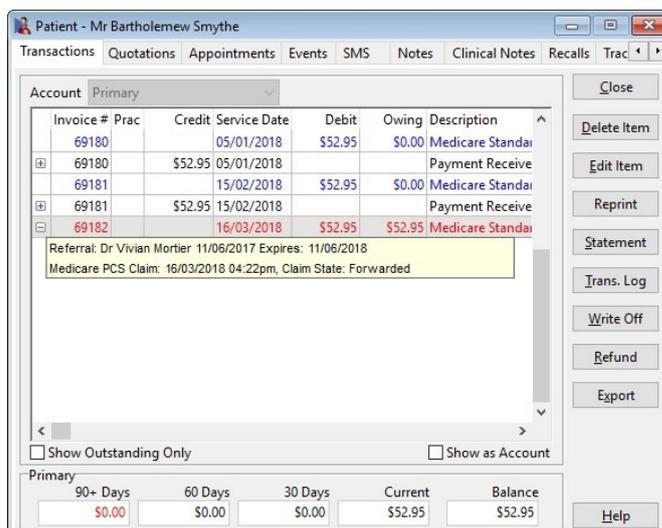


Find the transaction for which you want to submit a claim, right click and go to **Medicare Online**. You can then select to submit a **Patient Claim**, a **Bulk Bill Claim** or a **DVA Claim**.

Note: Bulk Bill and DVA claims can not be submitted for claims where a payment has already been made. Patient Claims, Bulk Bill, and DVA Claims can not be submitted more than once.

To determine whether an item has already been claimed through Medicare Online Claiming, click on the  symbol to the left of a billed item.

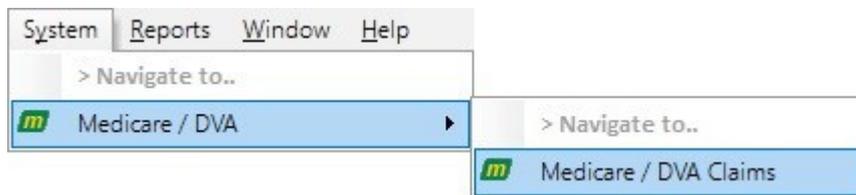
If a claim has already been submitted, the type of claim (**PCI**, **PCS**, **BB** or **DVA**), the date and time of submission, and the **Claim State** will be displayed.



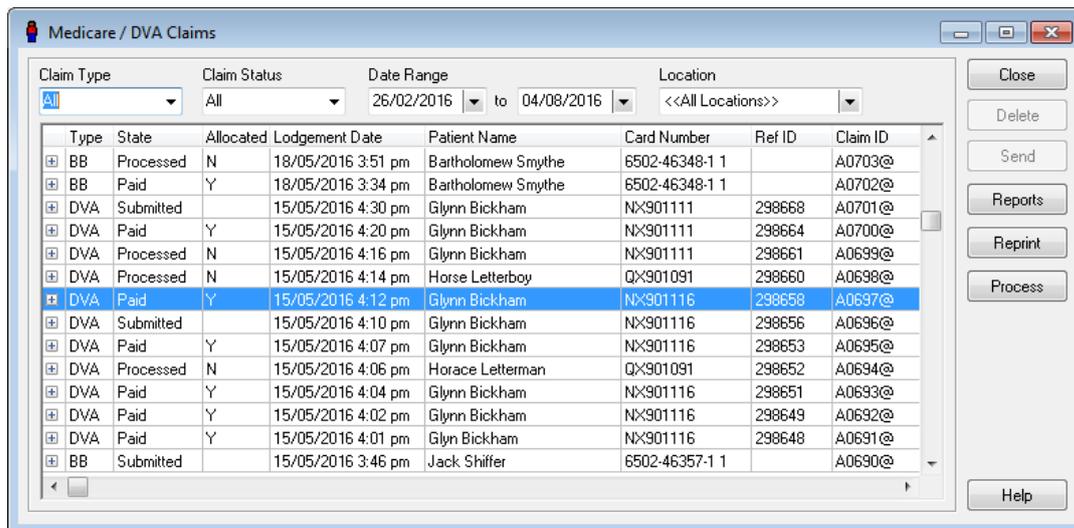
MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

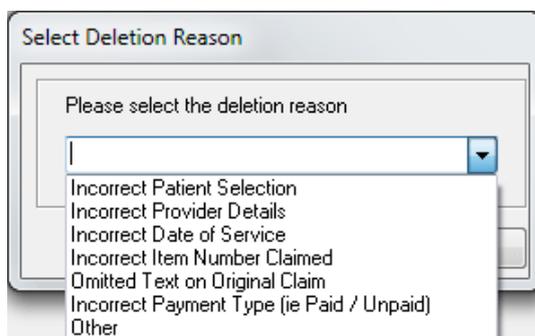
Front Desk includes functionality to delete PCI claims which have already been submitted to Medicare Australia, provided that they are deleted on the same day as they were submitted. This is called **Same Day Delete (SDD)**.



Go to the **System** menu and select **Medicare Claims**.



Find the PCI claim to be deleted and click **Delete**. You will be asked to enter a reason for the deletion.



A progress bar will be displayed while the deletion is being processed.

Once the claim has been deleted you will be returned to the **Medicare / DVA Claims** screen.

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

Bulk Bill and **DVA** reports are available the next business day after submitting a claim.

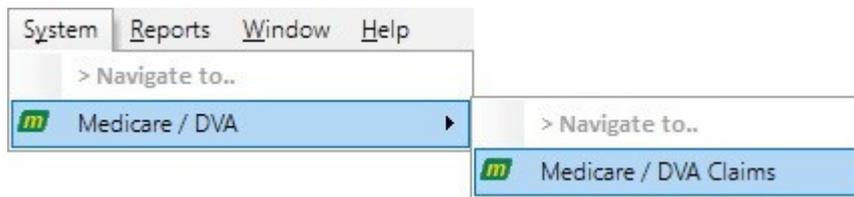
There are two kinds of reports available:

Processing Report - provides information relating to the claim and services within that claim.

Payment Report - details the payment to be deposited including the amount and bank account details along with the list of claims covered by the payment.

Both reports can be requested (and re-requested) as required and are available to download from Medicare / DVA for 6 months after they were generated. Once these reports have been viewed once in Front Desk they will be permanently stored and will not need to be re-requested from Medicare / DVA.

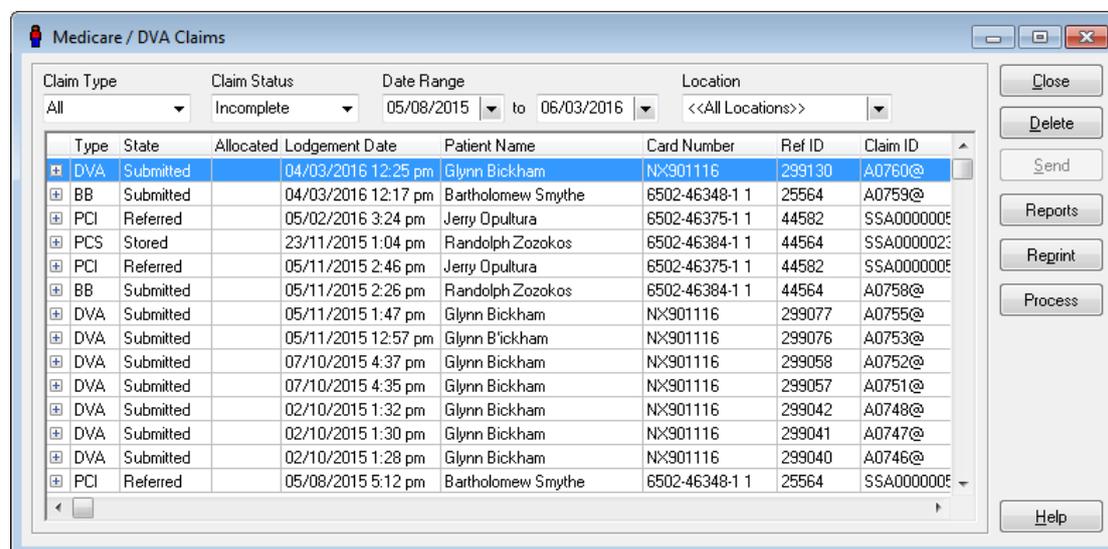
To retrieve a Processing or Payment Report, go to the **System** menu and select **Medicare Claims**.



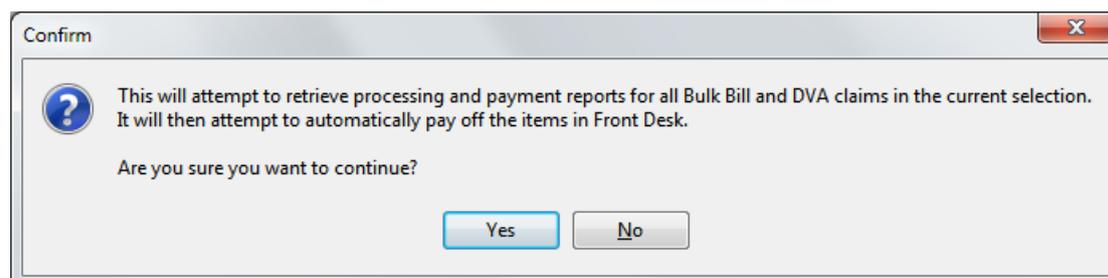
MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

Open the **Medicare/DVA Claims** window from the System drop down menu and select **Process**.



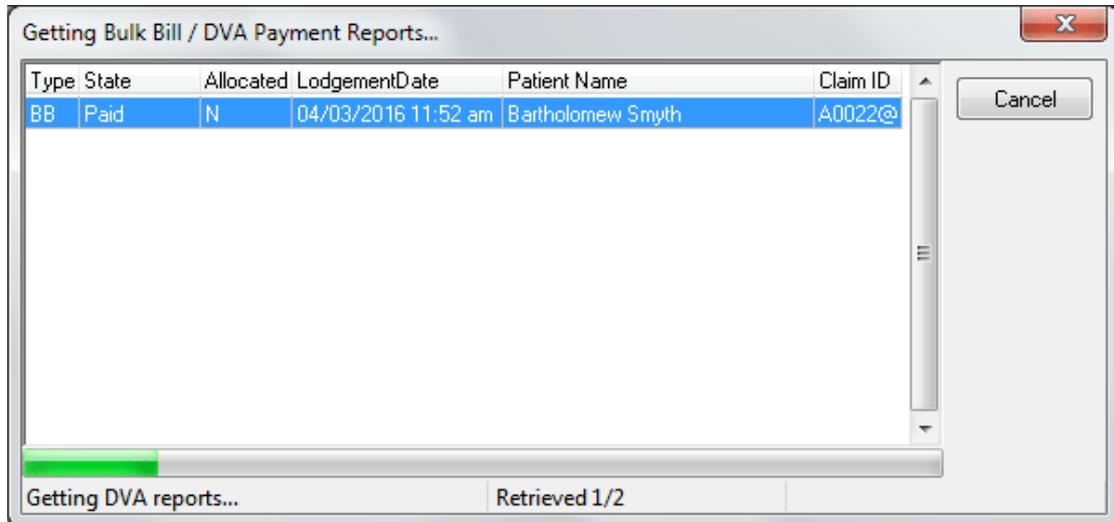
The following dialog will appear, click **Yes** to continue.



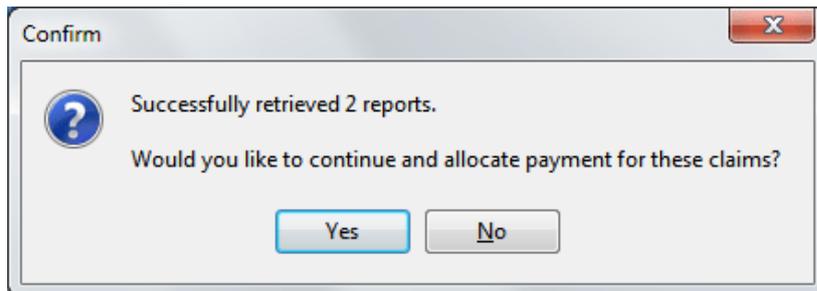
MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

The following screen will appear listing patient transactions and whether a report is available.



Once completed, you can allocate payment for each claim that has been paid.



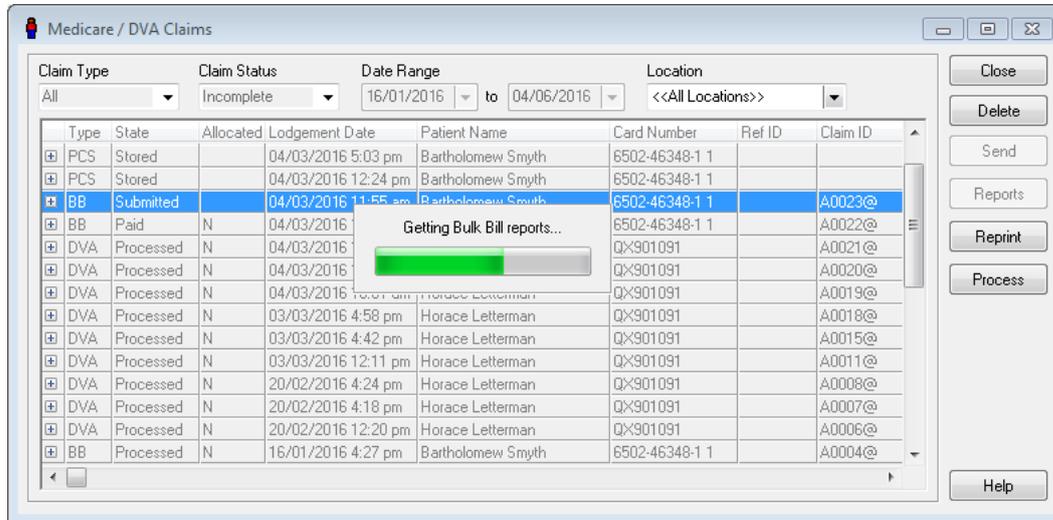
The following screen summarises how many reports were requested, how many were successfully retrieved and how many payments were allocated in Front Desk.



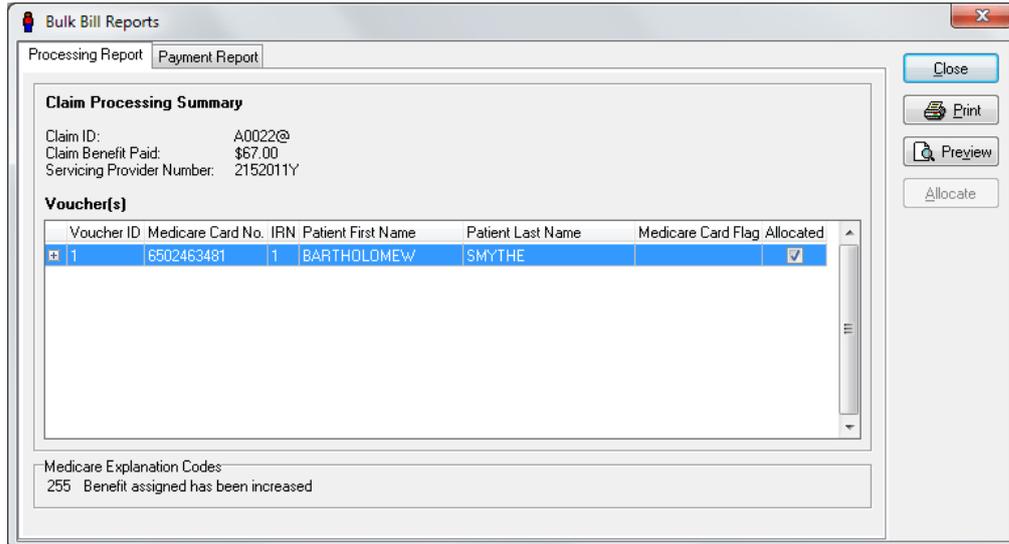
MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

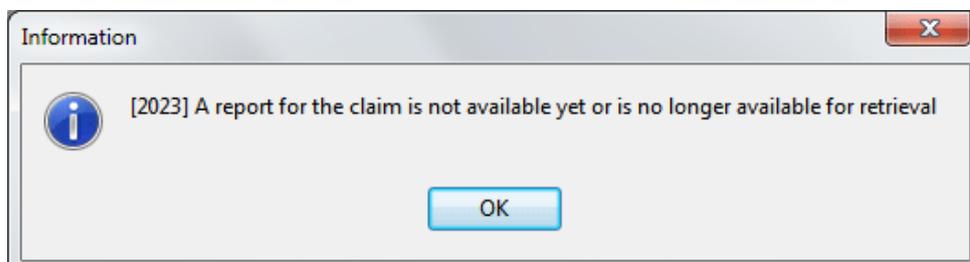
To view reports for a single transaction, highlight the transaction and click **Reports**.



If a processing and/or payment report is available the following screen will appear. To preview the report click the **Preview** button. The report can be printed by clicking the **Print** button.



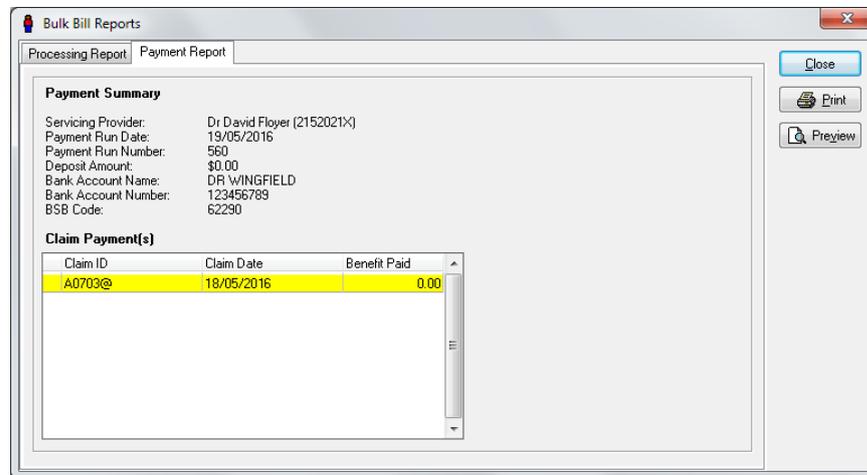
If no reports are available the following message will appear.



MEDICARE / DVA ONLINE CLAIMING GUIDE

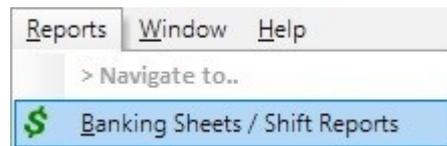
Medicare/DVA Online Claiming

View the payment report by selecting the **Payment Report** tab. The payment report can be previewed on-screen by clicking the **Preview** button or printed by clicking the **Print** button.



Medicare / DVA Payments Report

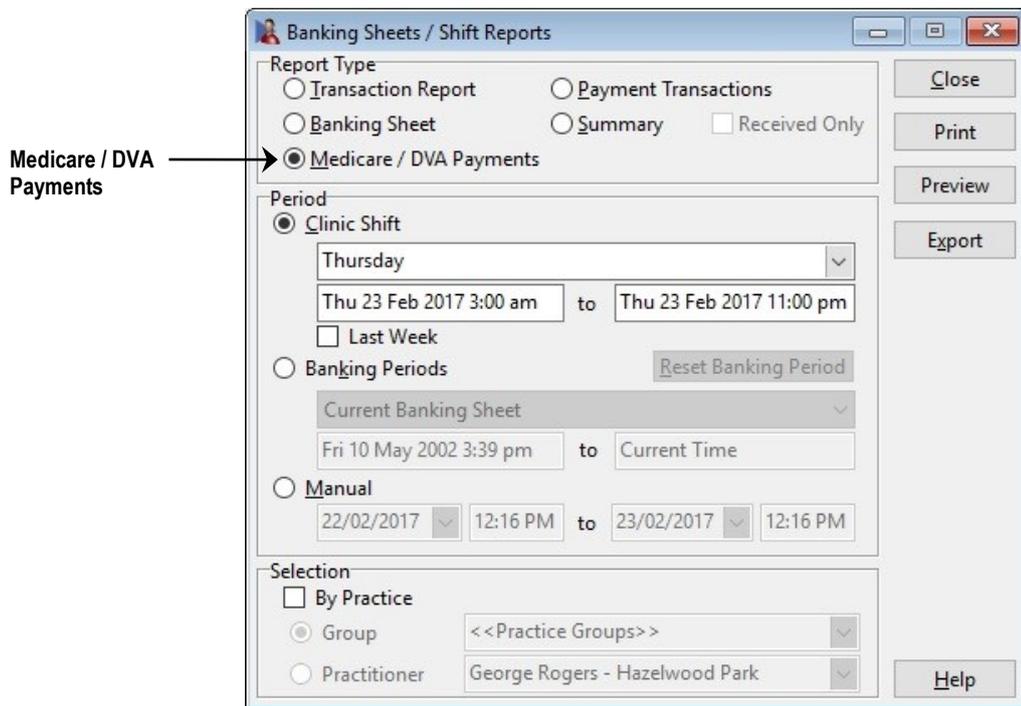
There are two new reports in Front Desk which allow users to see all Medicare / DVA payments, and which are intended to simplify bank statement reconciliation. The first of these can be found by selecting **Banking Sheets / Shift Reports** from the **Reports** menu.



MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

If you have enabled **Medicare / DVA Online Claiming** or **Medicare / DVA Reports Only** on the Advanced tab in System Information, then under **Report Types** there will be an extra option called **Medicare / DVA Payments**.

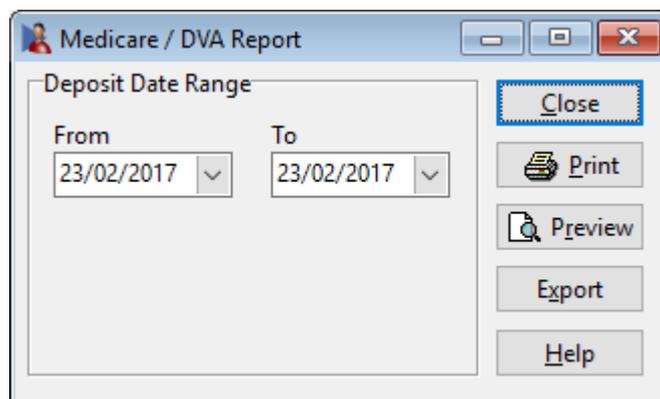
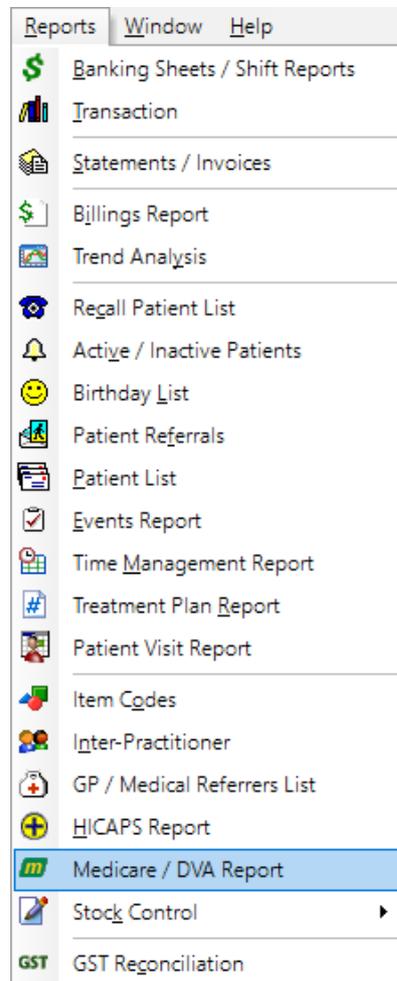


This report is based on the date the Medicare / DVA payment was allocated in Front Desk. It will list out all DVA and Bulk Bill payments made during this period, along with information relating to the bank deposit (Account Name, Number, BSB, Payment Run Number and Deposit Amount). The total of this report should be equal to the Medicare / DVA value in the Payments Received section of the Summary Report.

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

The second Medicare / DVA Payments report can be found by selecting **Medicare / DVA Report** from the **Reports** menu.



This report is laid out in the same form as the previous report. Whereas the other report was based on the date of allocation, this report is based on deposit date (i.e. the date when Medicare / DVA made the bank deposit).