Front Desk

Practice Management System

Medicare / DVA Online Claiming Guide

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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.

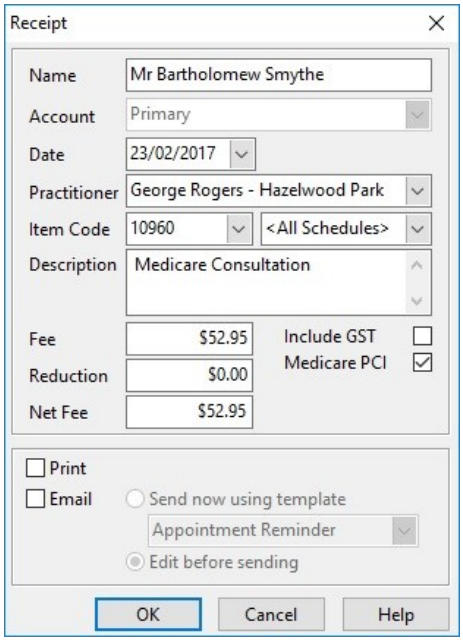
Note: Medicare Australia operating hours are:
7am to 9pm (AEST), Monday to Friday (except National Public Holidays)

MEDICARE / DVA ONLINE CLAIMING GUIDE

Medicare/DVA Online Claiming

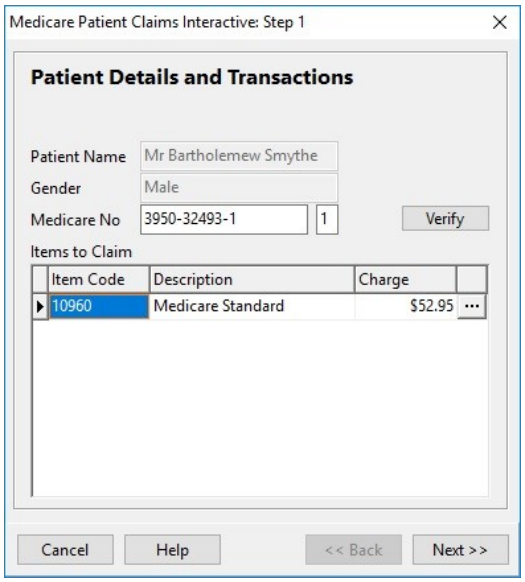
PCI claims are generally sent to Medicare at the time of billing or receipting the patient, but a claim can be submitted to Medicare up to 2 years after the treatment date.

SUBMITTING A PATIENT CLAIM FROM THE RECEIPT SCREEN



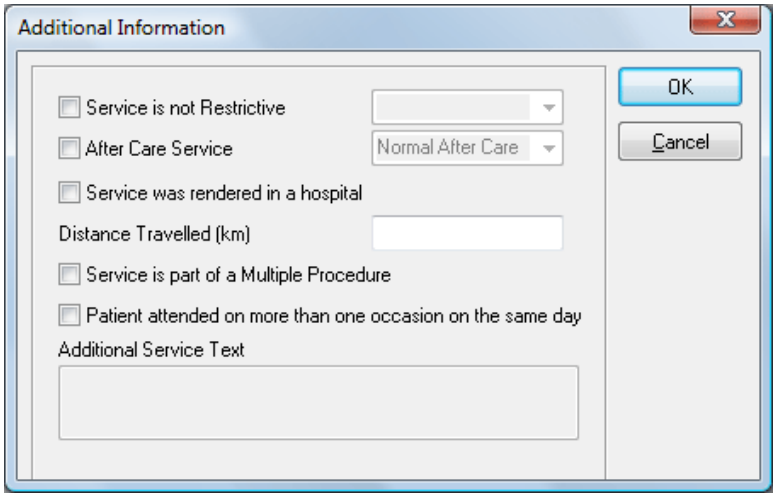
If the patient would like to claim their Medicare rebate on the spot, tick the **Medicare PCI** option on the **Receipt** screen.

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



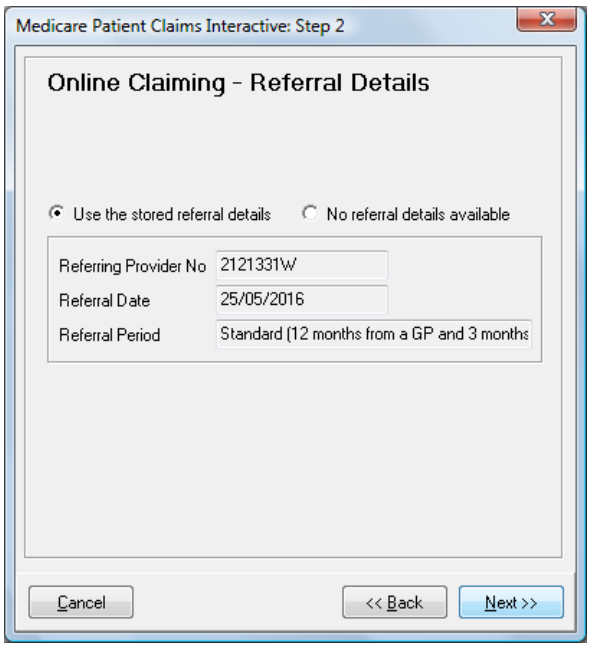
Medicare/DVA Online Claiming

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.



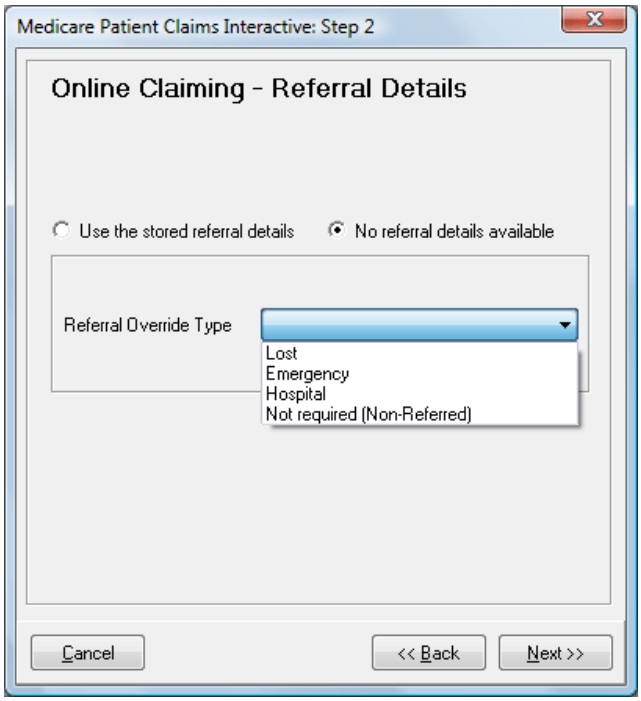
Select any relevant options and click **OK** to return to the Wizard.

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

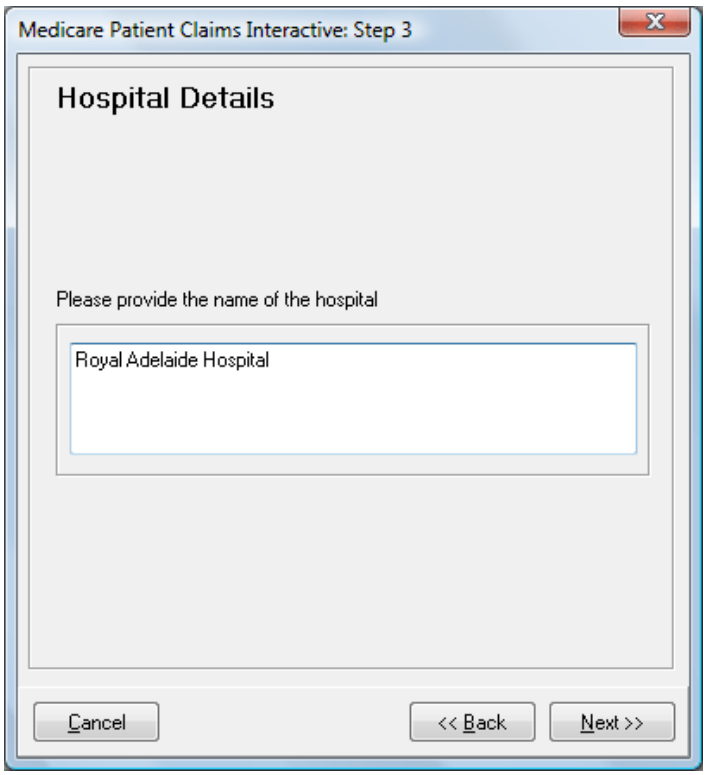


The Online Claiming – Referral Details page is displayed. If referral details were entered for the patient these will be displayed here. If there are no referral details then the **No referral details available** option will be selected, and a reason must be selected from the list.

Medicare/DVA Online Claiming

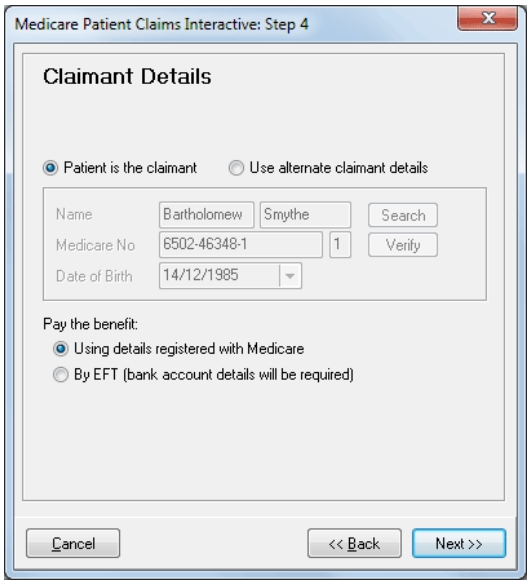


If **Hospital** is selected, the following page will be displayed to enter the name of the hospital where the treatment took place.



Click **Next** to continue.

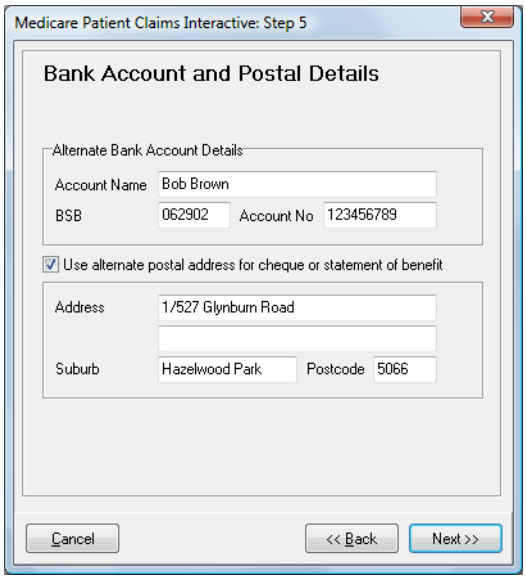
Medicare/DVA Online Claiming



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.

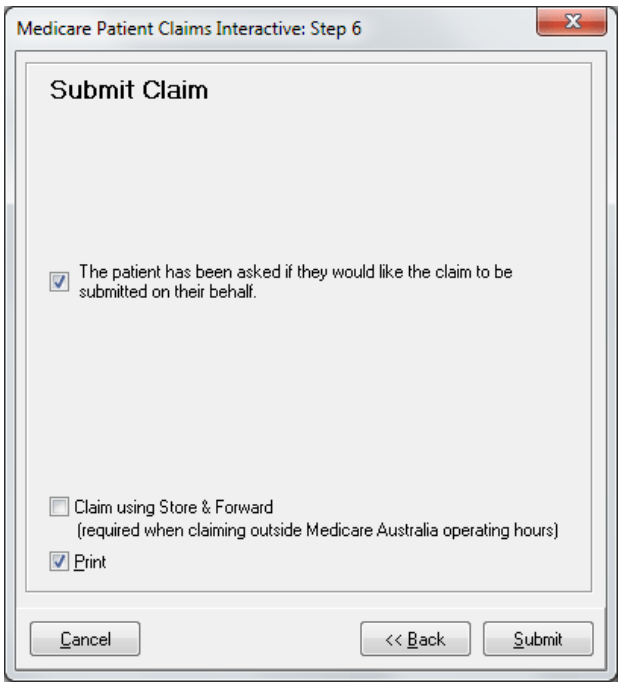


The **Bank Account and Postal Details** page is displayed.

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.



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.

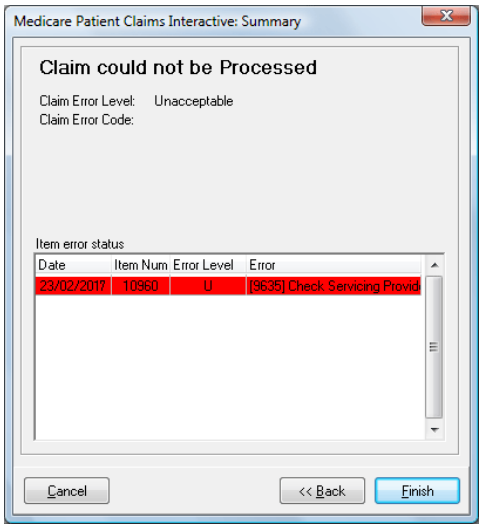
If submitting a **PCS** claim, check the **Claim using Store & Forward** option.

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

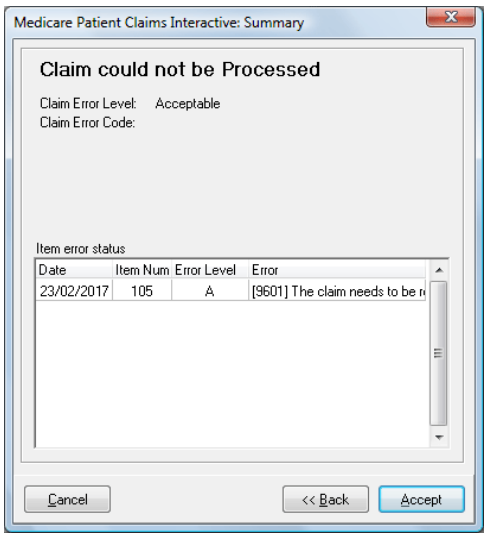
If the claim is accepted, a **Statement of Claim and Benefit Payment** will be printed (if the **Print** option is selected).

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

Medicare/DVA Online Claiming

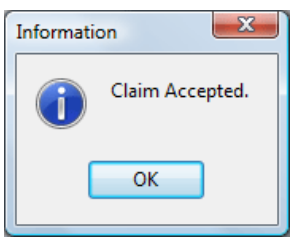


An **Unacceptable** error level means that the claim can not be accepted with the current details. It must be cancelled and started again.



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



Medicare/DVA Online Claiming

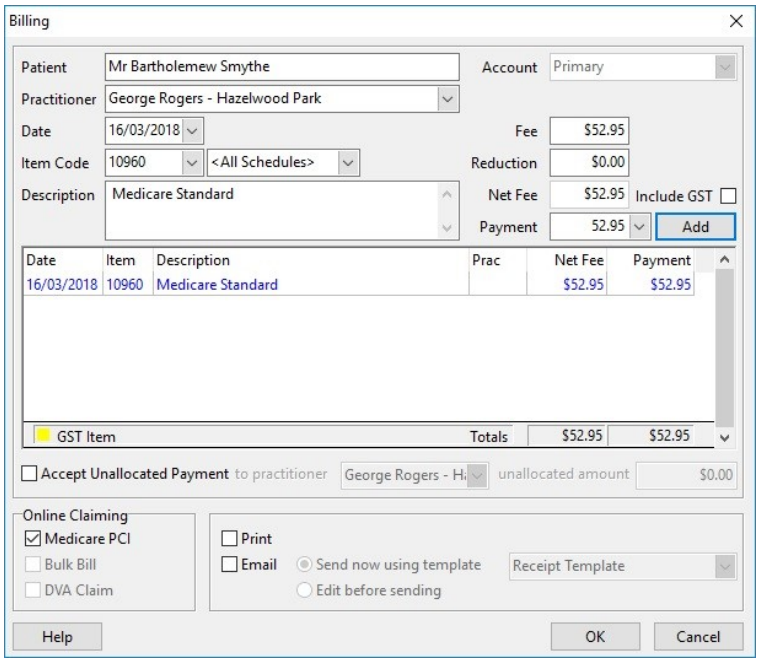
A **Lodgement Advice** will then be printed.

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.

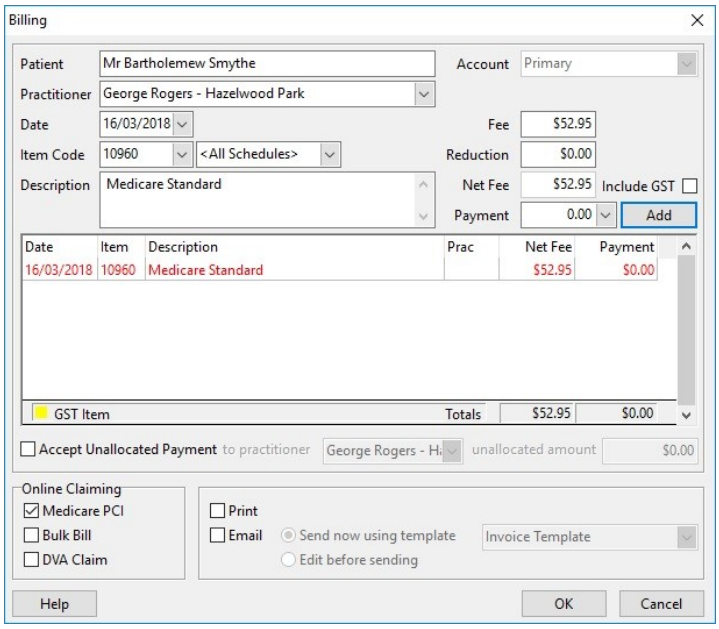
Medicare/DVA Online Claiming

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



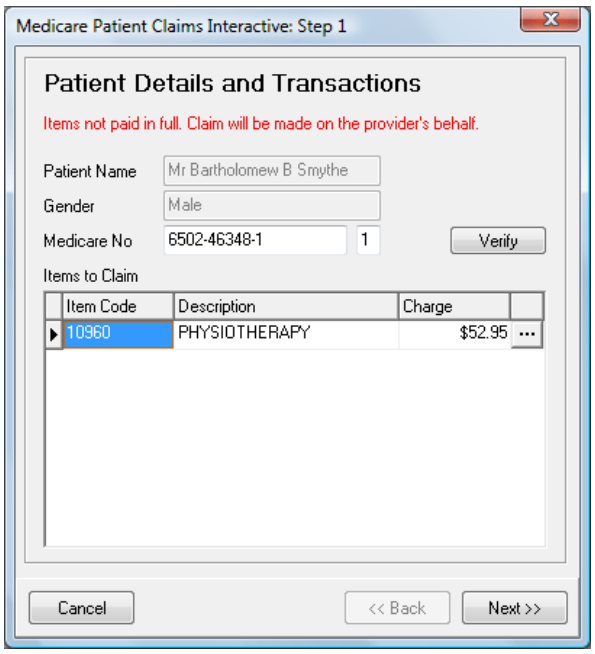
Check the **Medicare PCI** option and then click OK.

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



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

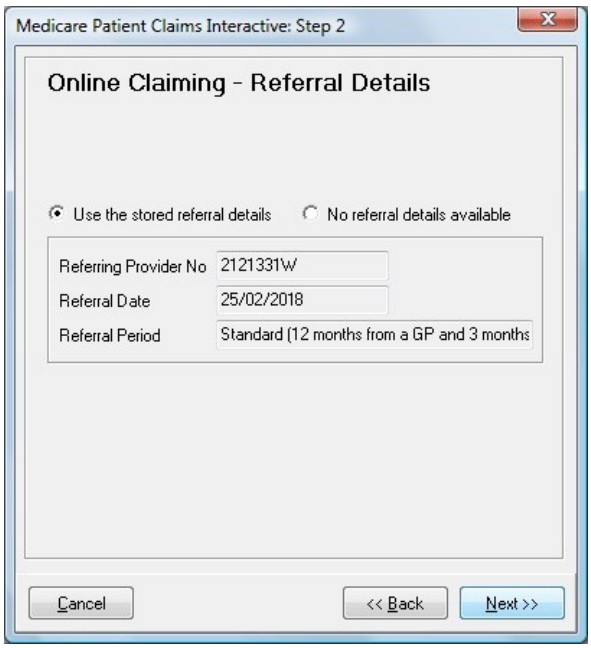
Medicare/DVA Online Claiming



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.

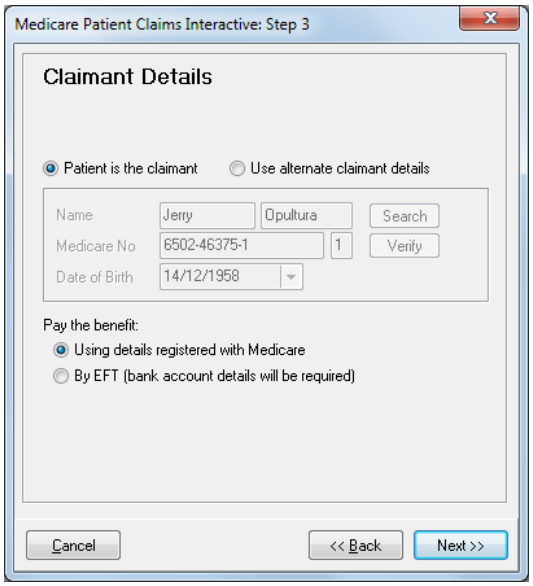
Click **Next** to continue.



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

Medicare/DVA Online Claiming

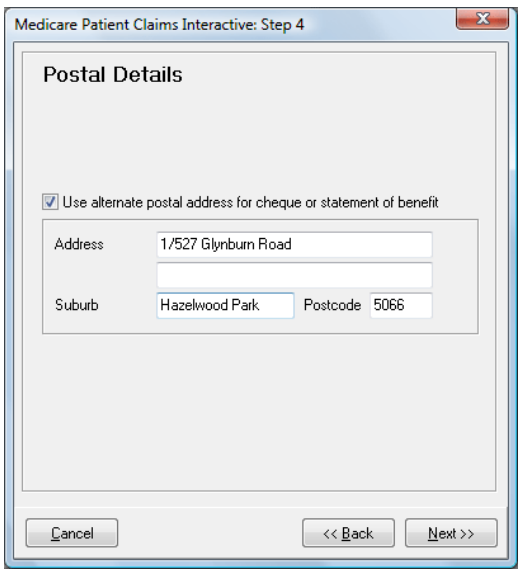
Click **Next** to continue.



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 **Postal Details** page is displayed.

Medicare/DVA Online Claiming

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

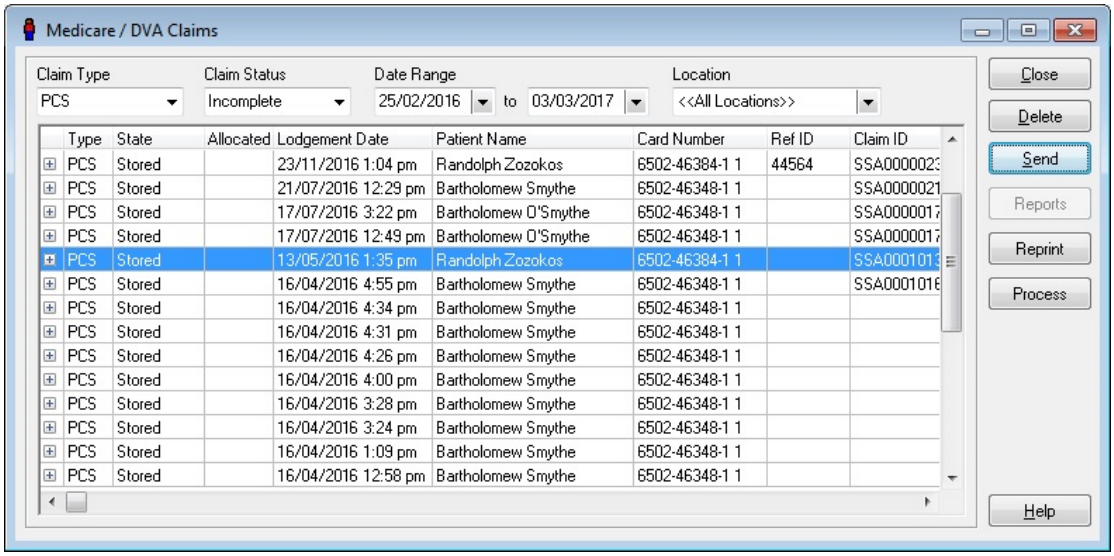
The **Submit Claim** page is displayed. Once the patient has given consent for the claim to be submitted, click **Submit** to send the claim to Medicare Australia.

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**.

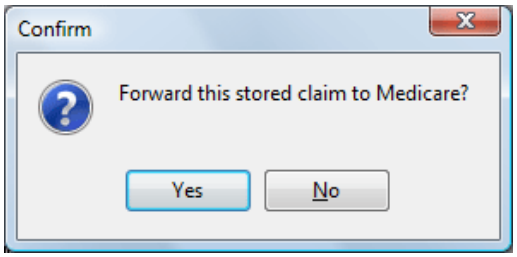
The following screen is displayed



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**.

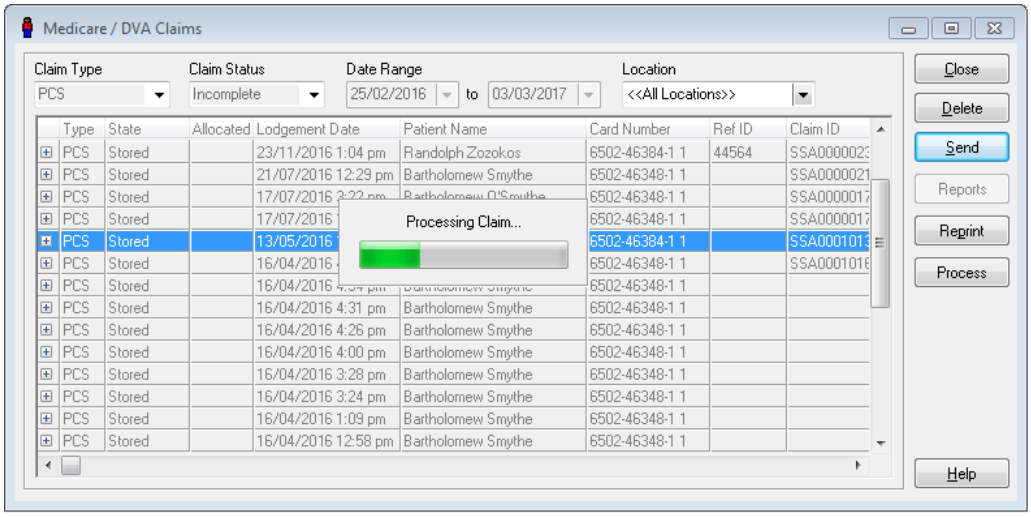
Find the PCS claim that you wish to forward to Medicare Australia, highlight it and click on the **Send** button.

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

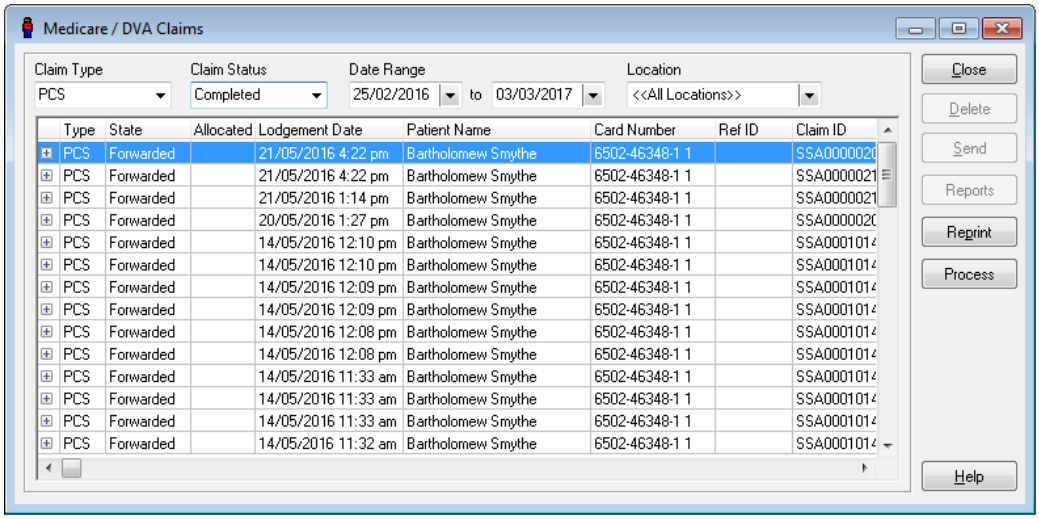


Medicare/DVA Online Claiming

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

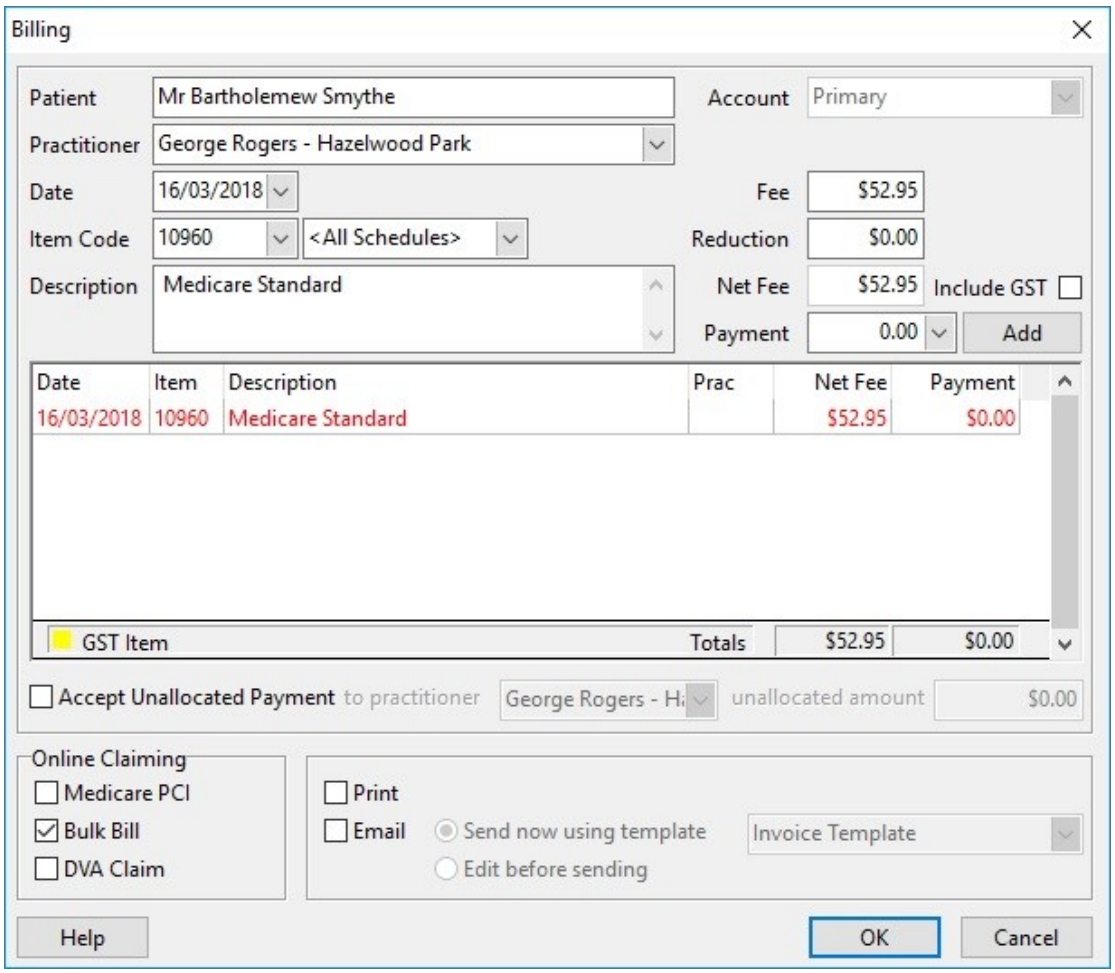


Once the claim has been submitted, the State will change to **Forwarded** and it will no longer be displayed on the screen. To view all **Forwarded** claims, select **Completed** from the **Claim State** drop-down list at the top of the screen.



Medicare/DVA Online Claiming

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

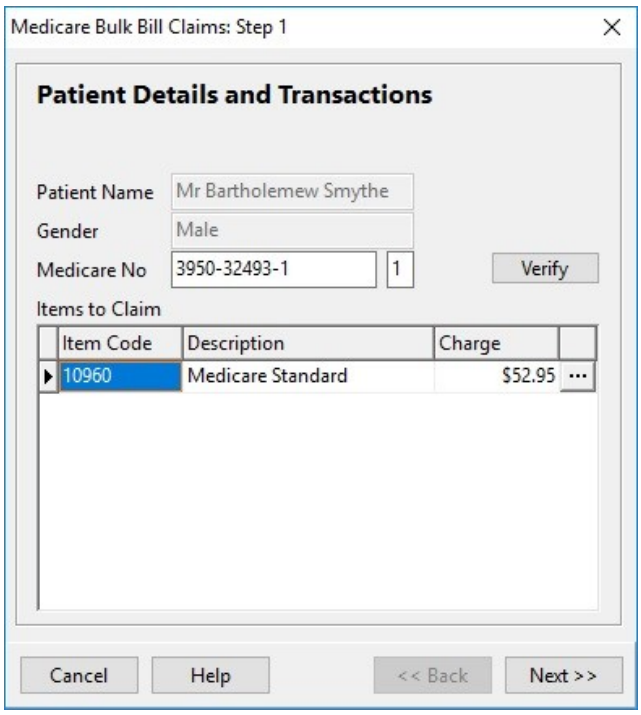


To submit a Bulk Bill claim from the Billing screen, check the **Bulk Bill** option at the bottom of the screen.

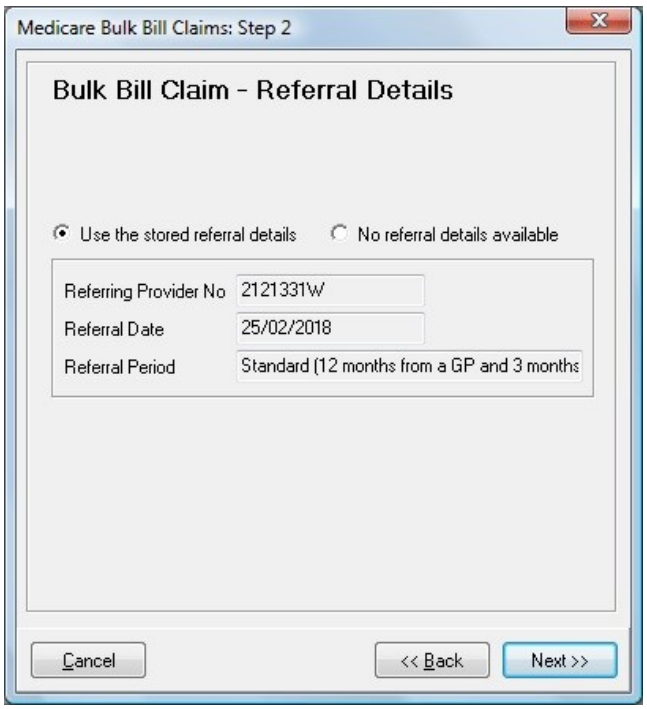
Note: this option is only available when no payment has been made.

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

Medicare/DVA Online Claiming



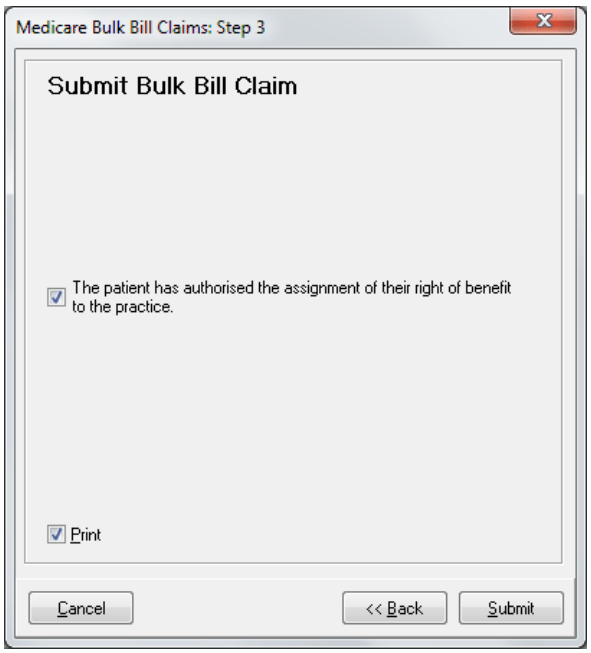
Click **Next** to continue.



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

Click **Next** to continue.

Medicare/DVA Online Claiming

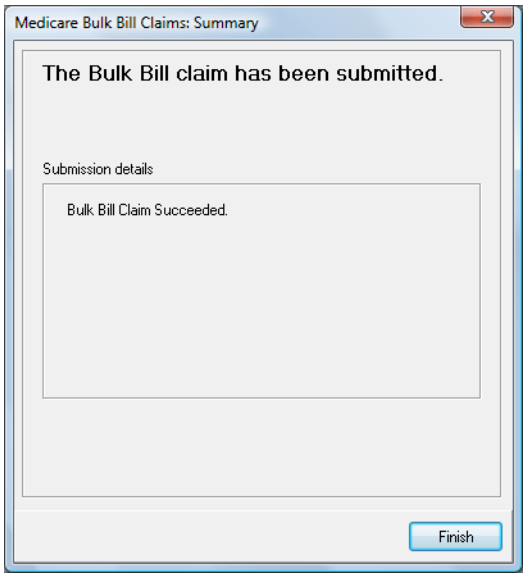


The **Submit Bulk Bill Claim** page is displayed.

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).

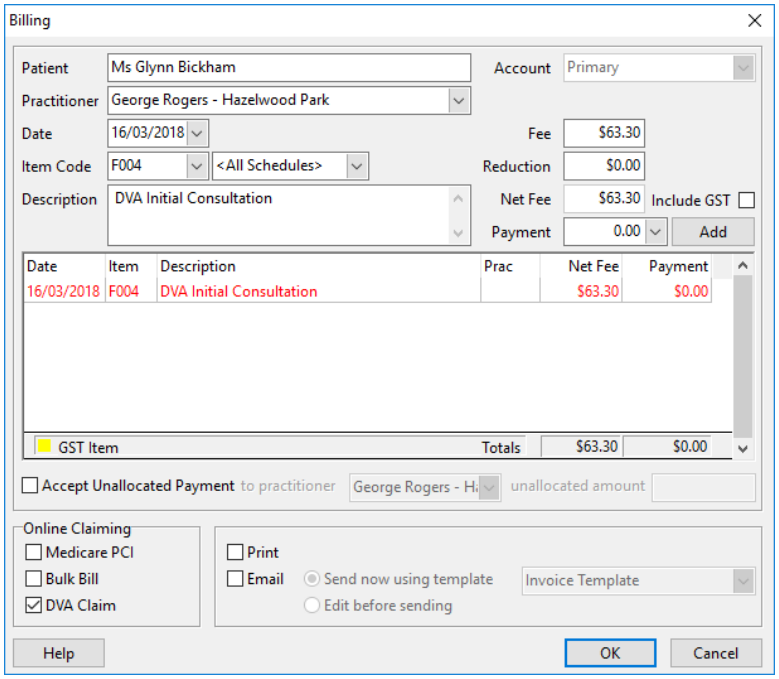
The **Bulk Bill Summary** page is displayed.



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

Medicare/DVA Online Claiming

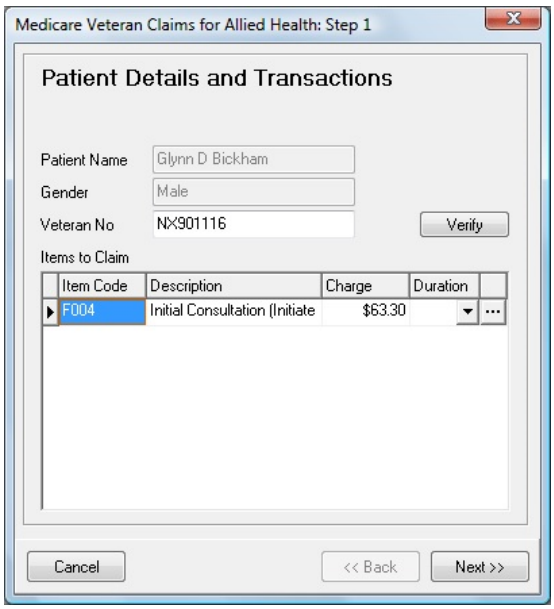
Front Desk also provides the ability to submit **DVA Allied Health Claims** over the Internet.



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.

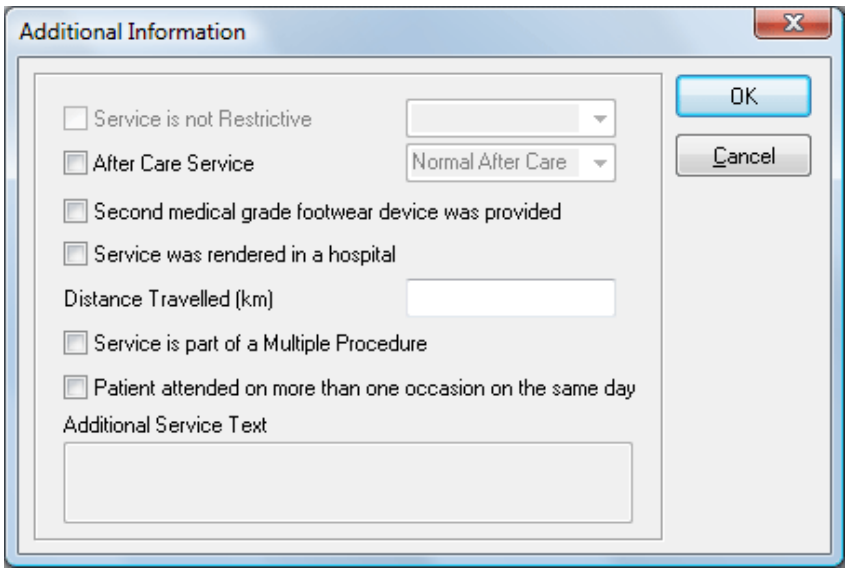


Medicare/DVA Online Claiming

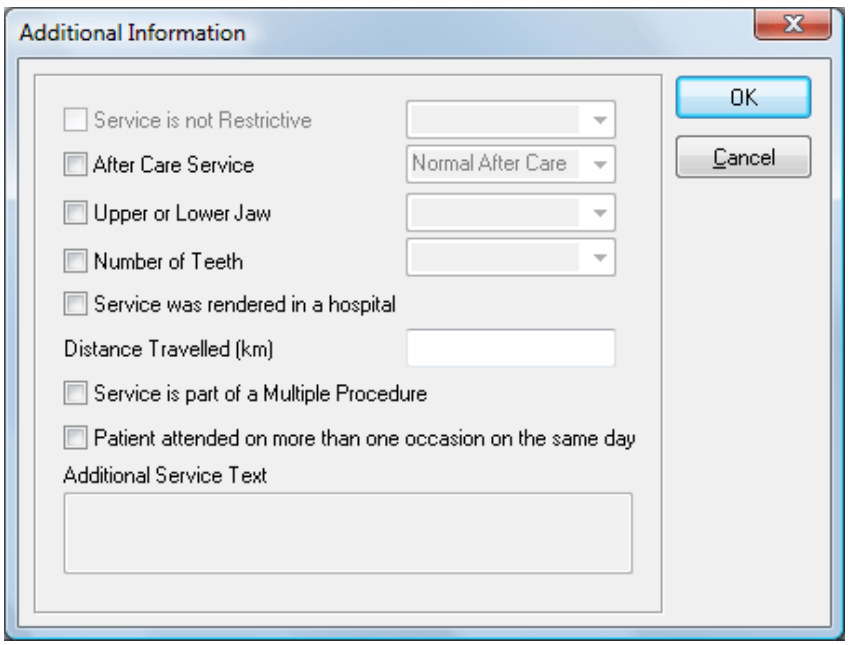
The first page displays patient information and a list of the items to be claimed through Medicare. Clicking on the ... button allows additional information to be entered about the claim.

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

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

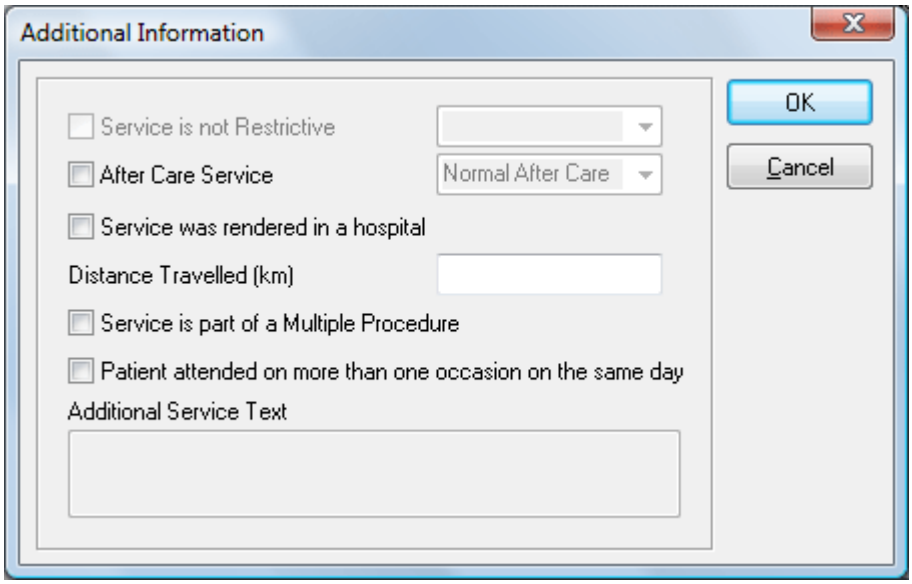


Dental

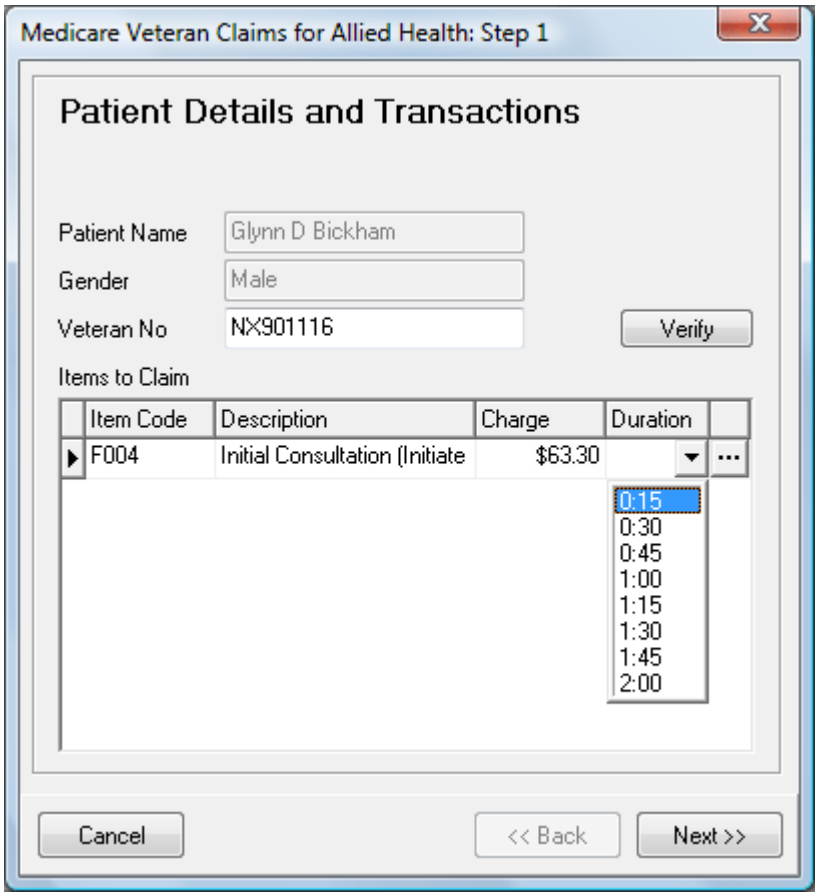


Medicare/DVA Online Claiming

Psychology and Speech Pathology

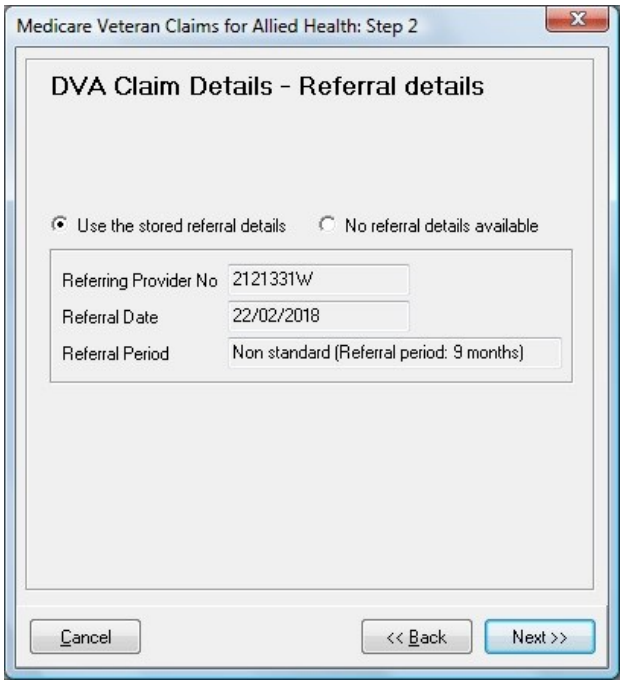


For Speech Pathology claims, a **Duration** must also be entered for each item claimed.



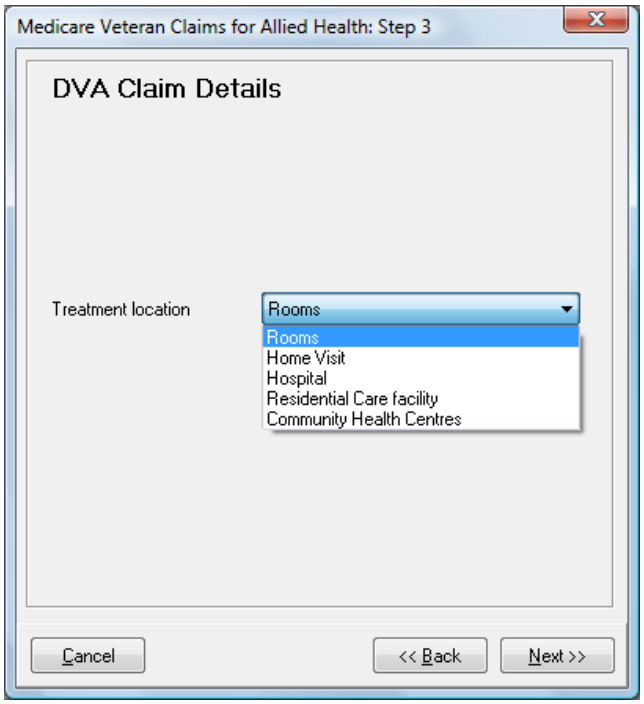
Medicare/DVA Online Claiming

Click **Next** to continue.

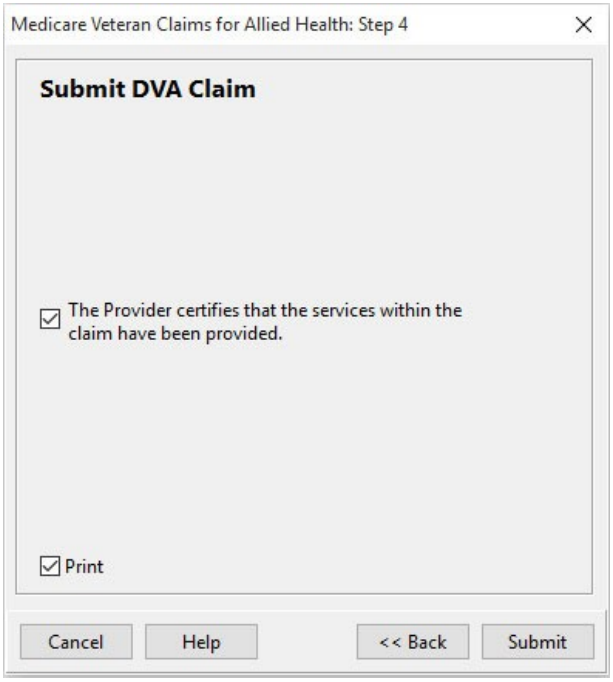


The **DVA Claim Details – Referral details** page is displayed.

Click **Next** to continue.



Medicare/DVA Online Claiming



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.

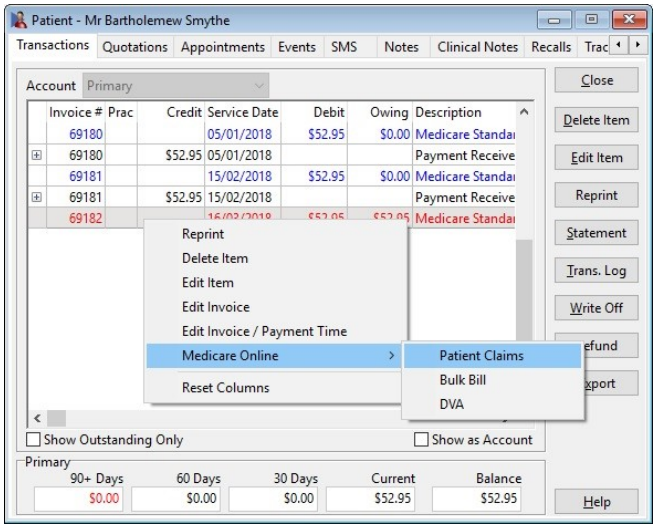
The **DVA Summary** page is displayed.

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.

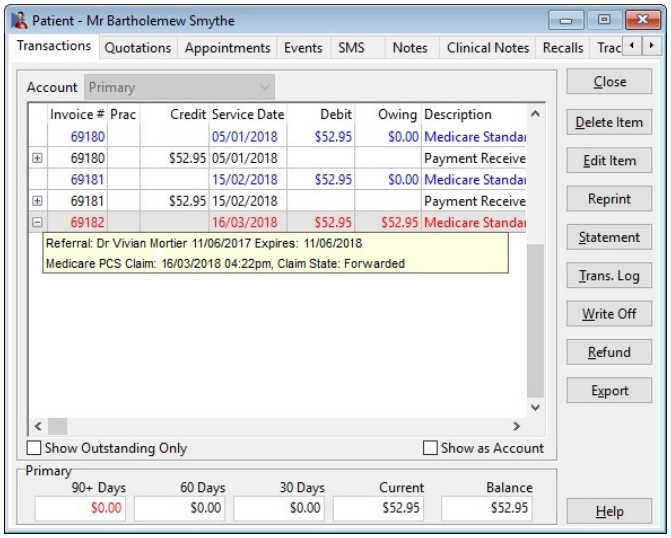


Find the transaction for which you want to submit a claim, right click and go to **Medicare Online**. You can then select to submit a **Patient Claim**, a **Bulk Bill Claim** or a **DVA Claim**.

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.

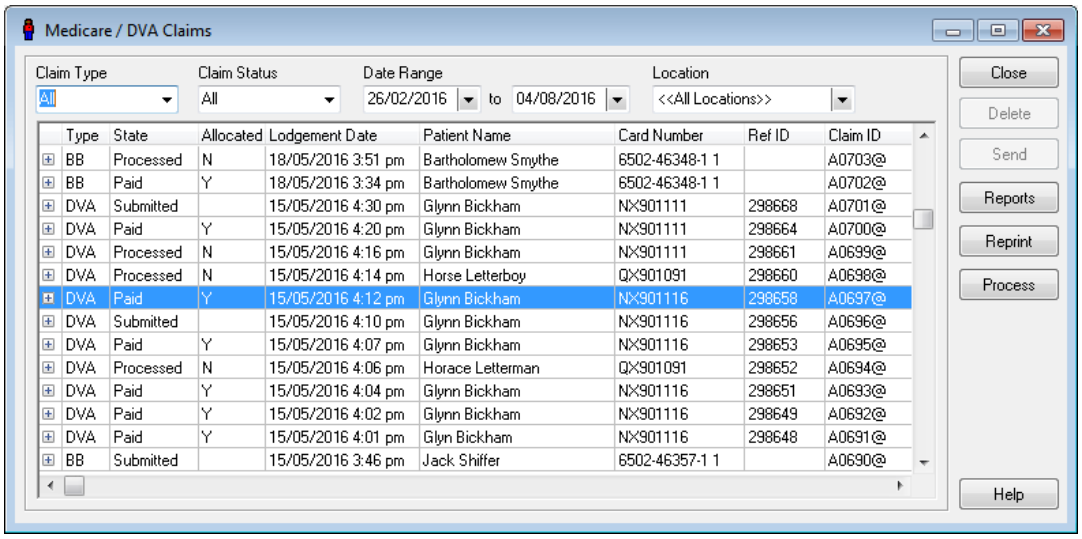


MEDICARE / DVA ONLINE CLAIMING GUIDE

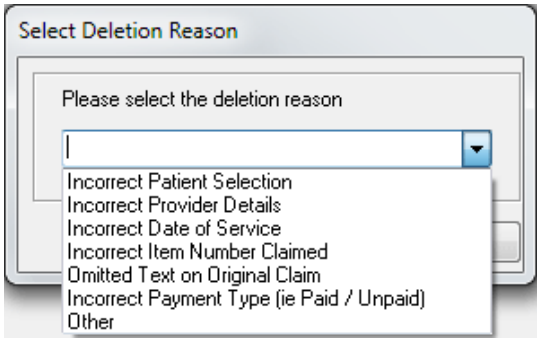
Medicare/DVA Online Claiming

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.

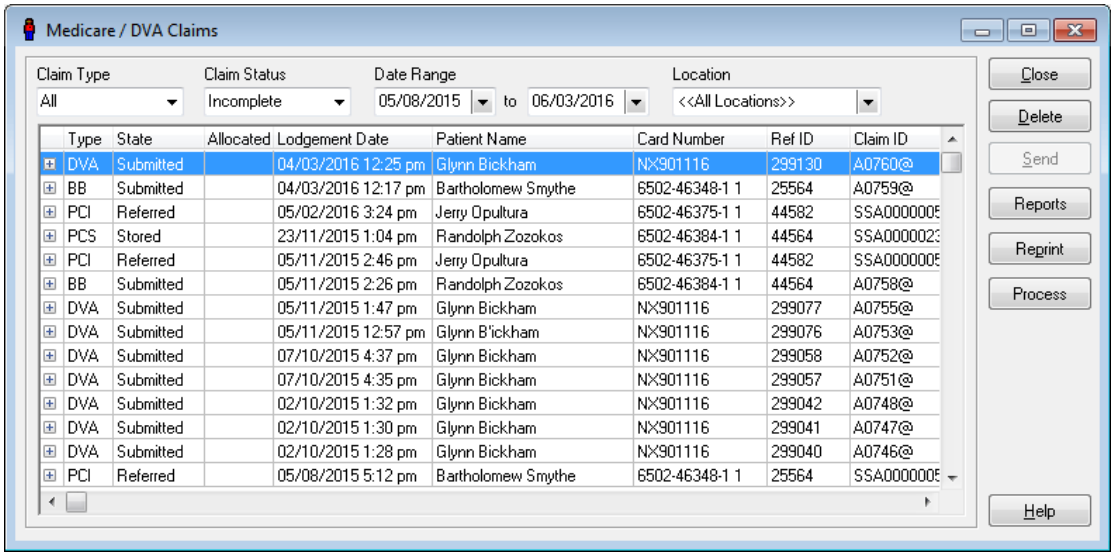
Payment Report - details the payment to be deposited including the amount and bank account details along with the list of claims covered by the payment.

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.

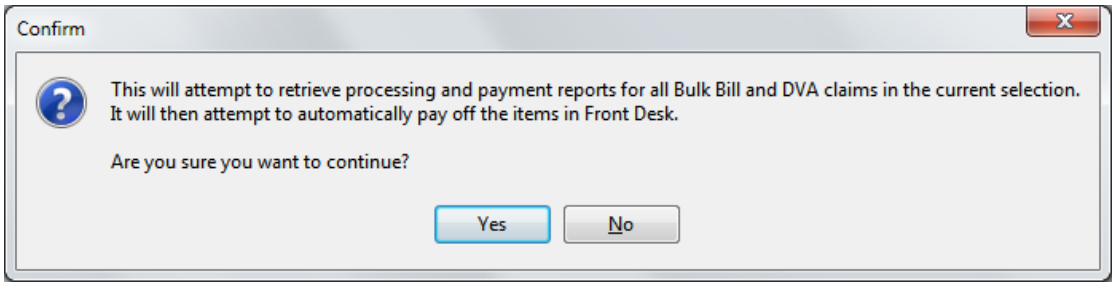
To retrieve a Processing or Payment Report, go to the **System** menu and select **Medicare Claims**.

Medicare/DVA Online Claiming

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

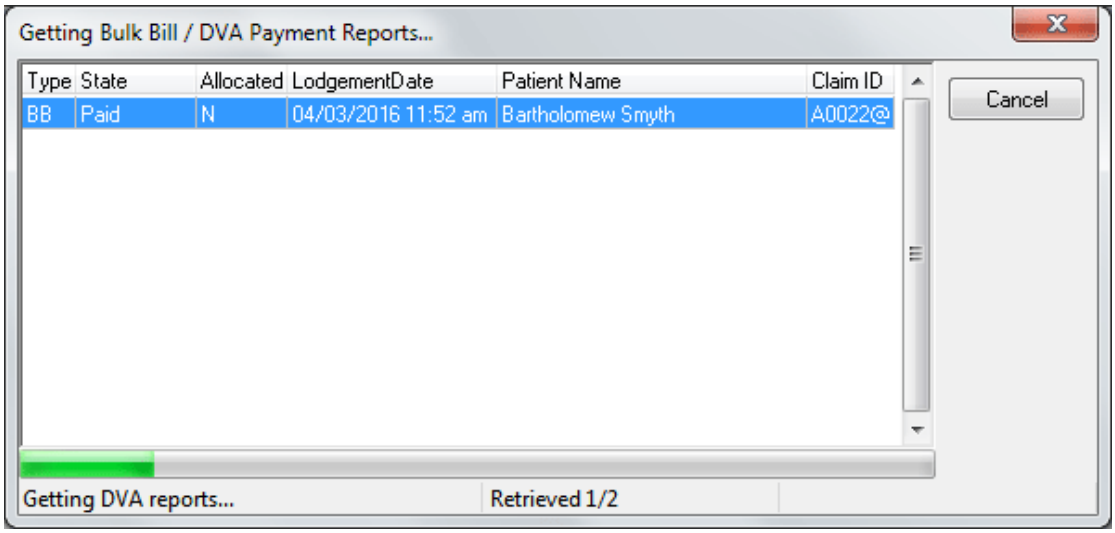


The following dialog will appear, click **Yes** to continue.

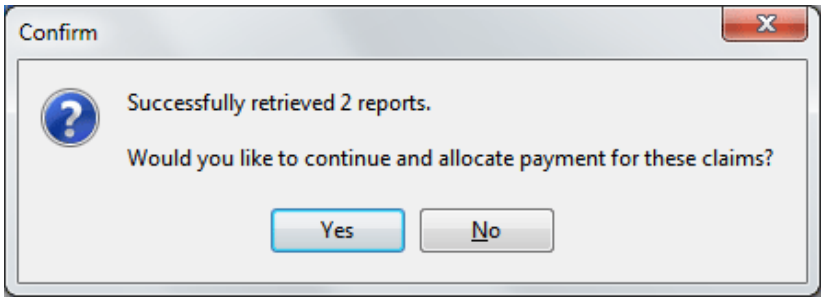


Medicare/DVA Online Claiming

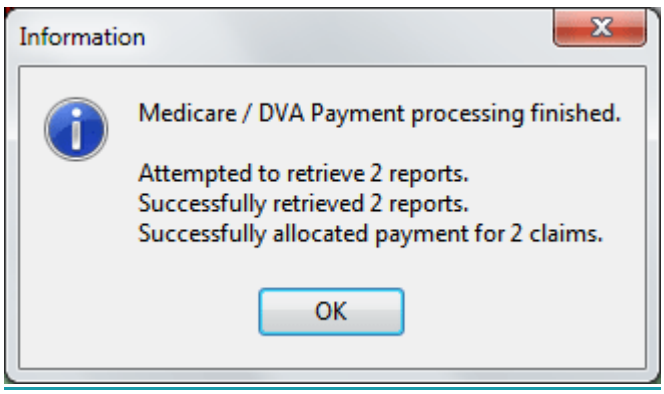
The following screen will appear listing patient transactions and whether a report is available.



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

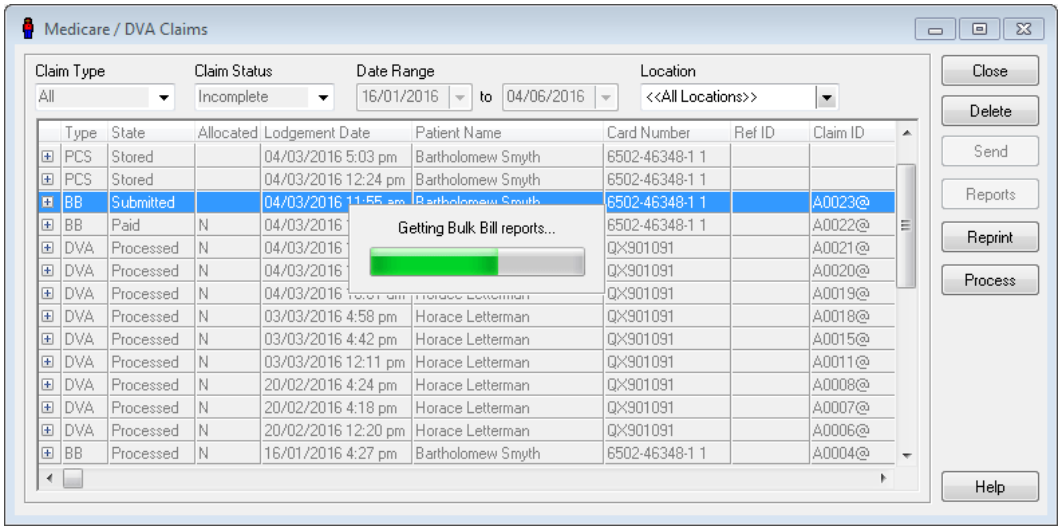


The following screen summarises how many reports were requested, how many were successfully retrieved and how many payments were allocated in Front Desk.

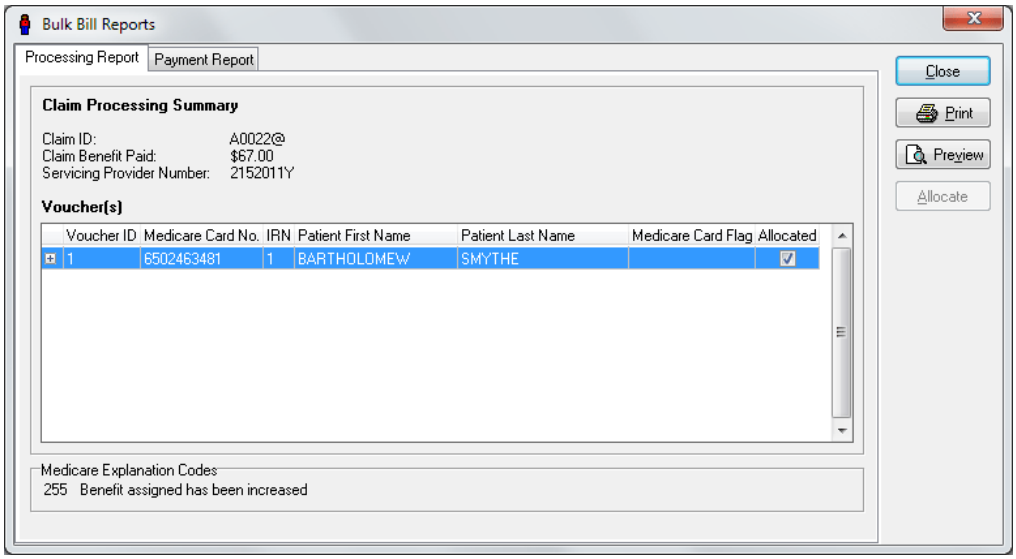


Medicare/DVA Online Claiming

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



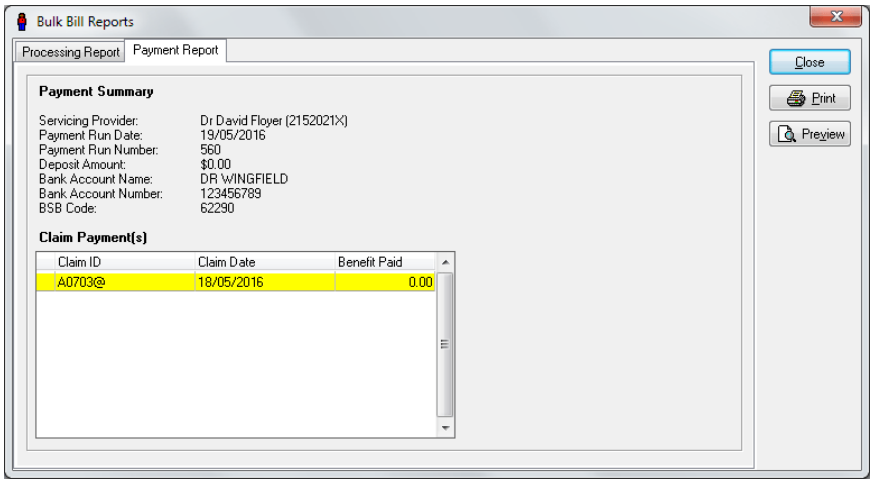
If a processing and/or payment report is available the following screen will appear. To preview the report click the **Preview** button. The report can be printed by clicking the **Print** button.



If no reports are available the following message will appear.

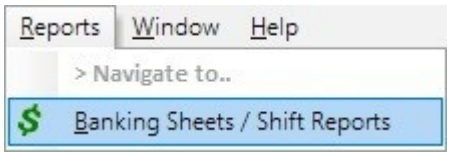
Medicare/DVA Online Claiming

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.



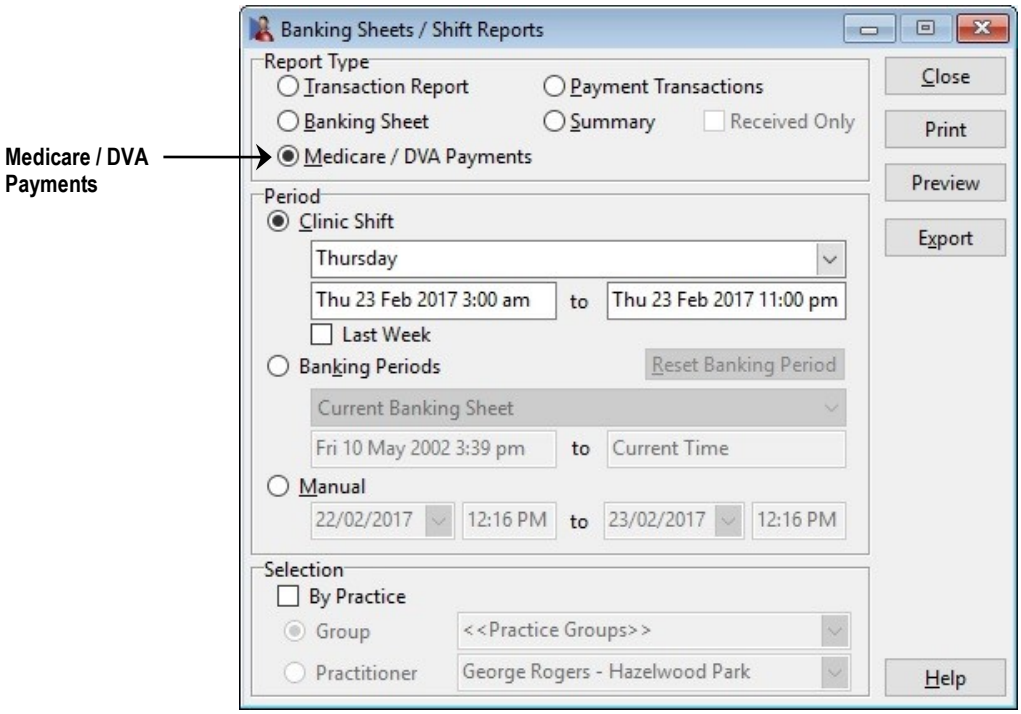
Medicare / DVA Payments Report

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

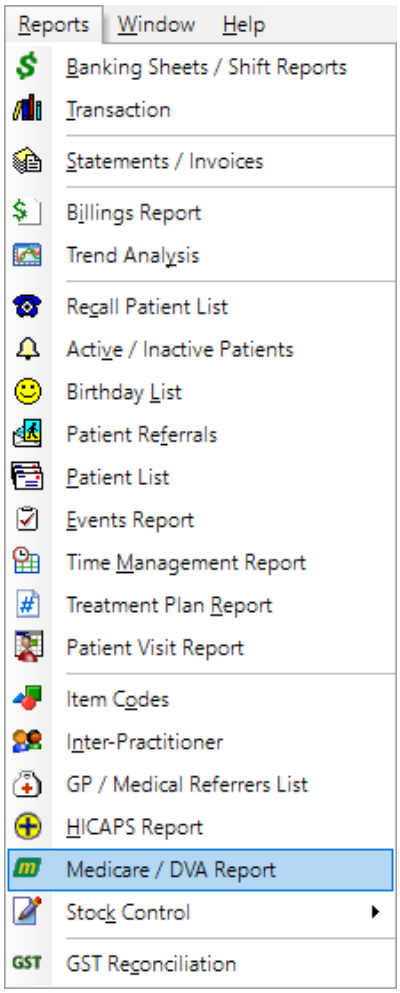
If you have enabled **Medicare / DVA Online Claiming** or **Medicare / DVA Reports Only** on the Advanced tab in System Information, then under **Report Types** there will be an extra option called **Medicare / DVA Payments**.

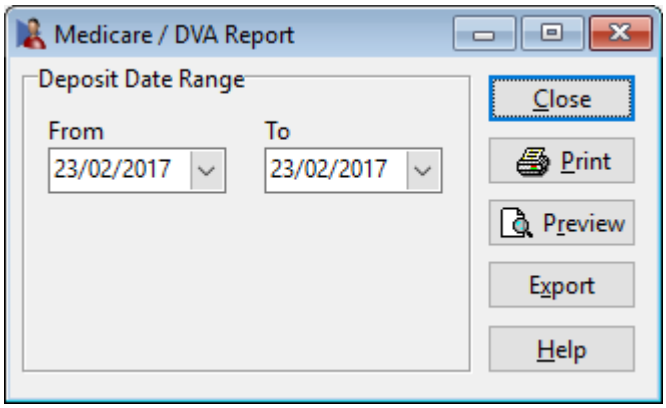


This report is based on the date the Medicare / DVA payment was allocated in Front Desk. It will list out all DVA and Bulk Bill payments made during this period, along with information relating to the bank deposit (Account Name, Number, BSB, Payment Run Number and Deposit Amount). The total of this report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

Medicare/DVA Online Claiming

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).