

Importing Community Nursing Claims

To save time double handling your claim data for your community nursing services, import your data into FYDO and have the claims paid within 1-3 business day.

We have two file formats (excel and XML) to import your claim data.

Minimum Data Set

Everything is mandatory unless stated otherwise.

- **Patient info**

- External Patient ID
- First Name
- Middle Initial (optional)
- Last name
- Date of Birth
- Gender
- Veterans Affairs Number
- Accepted Disability Indicator (conditional)
- Accepted Disability Text (conditional)

- **Claim Data**

- Type Of Service
- Veterans Service Type
- Benefit Assignment Authorised (mandatory when using **XML** format, otherwise not required)
- External Invoice ID (optional)
- External Servicing provider ID
- Date of Service
- Admission date
- Discharge date (conditional)
- Break in episode of care (conditional)
- Start date of break (conditional)
- End date of break (conditional)
- Referring Dr Title (optional)
- Referring Dr First name (optional)
- Referring Dr Last name (optional)
- Referring Dr provider Number
- Referral date
- Referral type (optional)
- Number of Items (mandatory when using **XML** format, otherwise not required)
- Treatment Location (mandatory when using **XML** format, otherwise not required if you will only ever have 1 location type).
- CNC Hours
- CNC Visits

- EN Hours
- EN Visits
- NSS Hours
- NSS Visits
- RN Hours
- RN Visits
- Item
- Charge

Notes

External Patient ID - this is required so we can uniquely identify the patient. This must be unique to the patient. Everytime a claim is imported, we override the patient details (e.g. first name, last name) for a patient with that same external patient id.

Token name is: ExternalPatientId

Gender - patient gender.

- F = Female
- M = Male
- I = Indeterminate/Intersex
- N = Not Stated/Inadequately

Token name is: PatientGender

Accepted Disability Indicator - indicates whether the service rendered are for a White Card holder and the service is in accordance with the White Card condition. The back of the DVA card for White Card holders will list any exclusions e.g. hearing, imaging etc. If the card is not white, then default this to N - No.

Y - Condition treated relates to a condition for a White Card holder

N - Condition does not relate to a condition for a White Card holder

If you answer Y - Yes, then you must add text to the Accepted Disability text field.

Token name is: AcceptedDisabilityInd

Accepted Disability Text - free text used to provide details regarding the condition being treated in conjunction with Accepted Disability Indicator.

Examples of the text could be the reason for the service. In the case of community nursing, simply add 'community nursing'.

Token name is: AcceptedDisabilityText

Type of Service - this sets the type of claim i.e. a Medicare (bulk bill) or a Veterans claim.

- M - Medicare
- V - Veterans
- P - Patient Claims

Token name is: TypeOfService

Veterans Service Type - only required when using the XML format.

- F - Community Nursing

Token name is: VaaServiceTypeCde

Benefit Assignment Authorised - Indicates that the patient has authorised the assignment of their rights of benefit to a provider. Always indicate authorised.

Required when 'Type of Service' is M or V, not required when Service Type = P. If set to N, the claim will not import.

- Y - Authorised

Token name = BenefitAssignmentAuthorised

Treatment Location Code - This is only required when 'Type of Service' = V (Veterans). For non Veterans claim, keep the token in the file, simply without a value.

- V - Home Visit
- H - Hospital
- R - Rooms
- N - Residential Care facility
- C - Community health centres

Token name is: TreatmentLocationCde

External Servicing ID - If you are billing under the one provider number, you can skip this field. If however you are billing under multiple provider numbers then we will need something to identify which provider number to use. You do not have to provide the actual provider number, you can place your own unique code, and we will map that code to your actual provider number.

Token name is: ExtServicingDoctor

External Invoice ID - This is only required if you want to import the data back into your main system. Once claims are paid, we can send you a file back, with your external Invoice ID and Patient ID, so you can match it to the correct invoice/patient. But if you do not intend to import the data

back, then you can skip this field.

Token name is: ExternalInvoice

Referring Dr Title / First name / Last name - these are optional, but we would recommend including it in the file. But not a deal breaker.

Tokens available:

- *RefDrFirstName*
- *RefDrLastName*
- *RefDrTitle*
- *RefDrAddress*
- *RefDrSuburb*
- *RefDrState*
- *RefDrPostcode*
- *RefDrPhone*
- *RefDrfax*
- *RefDrEmail*

Referring provider Number - provider number of the referring doctor.

Token name is: ReferringProviderNum

Referral Period - This is the Referral Period in months. This should be set to either 3 (Specialist), 12 (GP) or 99 (Indefinite)

Token name is: ReferralPeriod

Date of Service - this is the first day of the 28 day cycle.

Discharge Date - Only required if the patient has been discharged.

Break in episode of care - this is only required if the patient had a break in their episode of care. The value for this field is:

- 1 - Admission Acute
- 2 - Admission to respite/rehab
- 3 - holiday
- 4 - Discharge from care
- 5 - Death

If the patient did have a break, then also specify the start and end dates of the break.

Additional Travel Item NA10 - Only required if travel is being claimed for the patient. FYDO will work out the amount to charge based on the number of KMs enter in file.

Token name is: DistanceKMs

Charge [for each Item] - you do not need to provide any amounts as FYDO can work out the amount when we import the data. If however, you are not charging the Medicare/DVA rate, then you will need to provide the charge amount for each item.

The only time you will need to set a dollar value is when you have negotiated a fee with DVA.

The only items that have a negotiated rate are:

- NO65 OTHER ITEMS - Exceptional Case
- NO66 OTHER ITEMS - Palliative Overnight
- NO67 OTHER ITEMS - Clinical Assessment
- NO68 OTHER ITEMS - Second Worker

The value should be ex GST.

Token name = ChargeAmount

Number of Items - this is like a checker that confirms how many items we should be expecting within the claim/invoice.

Token name = NumberItems

Items per Voucher/Invoice

Recommended Structure for Hours & Visits, while DVA should accept all items within the one voucher, we have found that DVA rejects vouchers where items attract nurse hours, so we recommend splitting items as explained below. However, if you do not split the items, DVA 'might' process it, we just can't know if they will or not.

If you need to report hours for an item number, we recommend you will need to split the items into its own voucher/invoice.

For example, if you need to bill:

- NP03 (core item)
- NS10 (add on item)
- NA02 (assessment item)

These 3 items have hours and visits associated to them, so this would need to be split into 3 invoices. In each voucher/invoice, put the hours just for that item, not the total nurse hours and visits.

If, however, you need to bill:

- NP03 (core item)
- NC10 (consumable item)

Since the consumable item doesn't need any hours or visits recorded, it can be in the one voucher with the core item.

If you decide not to split the items, then the hours and visits should be the total hours and visits for all items. So, the sum of the hours and visits at the voucher level.

Please Note – Nursing hours are calculated as a decimal value:

- 1 hour = 1.0
- 1 hour 15 mins = 1.25
- 1 hour 30 mins = 1.5
- 1 hour 45 mins = 1.75

Returned Files that can be imported back into your system

This is an optional step and is useful provided your main system can import files.

Read more at [Claims Import – Returned Files – FYDO Wiki](#)

Sample File

Tips

If using the Excel format:

- The column order in the Excel file is not important.
- Each row represents one claim/invoice.

For those items that attract a negotiated rate, if you omit the amount, FYDO will not allow you to submit the claim/invoice, as a \$0 dollar cannot be sent to DVA.

If using the XML format:

- Regarding the hrs and visits of the nurses, when creating the claim, if a claim did not require a Registered Nurse (RN), you will still need those tokens in the XML file, with a blank/empty value.

DVA reference site

DVA have a website full of information specifically for community nursing providers. It is quite informative <http://www.dva.gov.au/providers/community-nursing>

To find out more about the item numbers available to community nursing providers, please refer to DVA Community Nursing Fee Schedule - [DVA Community Nursing Schedule of Fees - March 2025](#)

Claims Import - Returned Files

To save time double reconciling payments, FYDO can produce a file with the exceptions and payment data, so that it can be imported back into your main system.

We can produce these files in XML format.

Note - nothing is returned back for Patient Claims.

Exception Statement

XML

Each item is export in the exception file, not just items that were rejected or paid a different amount.

- Batch Number
- External Servicing Dr Id
- Claim Date
- Total Paid i.e. for the entire batch
- Voucher/Invoice Information
 - Id
 - VVSS, the first 2 digits (VV) represent the voucher position within a batch and the next 2 digits (SS) represent the service position within the voucher
- External Patient Id
- External Invoice Id
- Patient Surname
- Patient First name
- Patient Medicare Number
- Medicare Flag
 - A - Patient identification has been amended
 - I - Patient medicare issue number changed
 - C - Patient medicare number changed
 - W - Patient card used will expire shortly
 - S - Patient card expired. Future services may be rejected
 - X - Old Medicare issue number for patient. Future services may be rejected
 - empty - no change
- Veterans Number

- Veterans Flag
 - A - Patient identification has been amended
 - C - Patient veterans number change
 - empty - no change

- Item Number
- Date of Service
- Amount Paid
- Exception Code
- Explanation Text
- Medicare Benefit (only provided when an ECLIPSE claim)
- Health Fund Benefit (only provided when an ECLIPSE claim)
- Health Fund Exception Code (only provided when an ECLIPSE claim)
- Health Fund Explanation Text (only provided when an ECLIPSE claim)

Payment File

XML

- Batch Number
- External Servicing Dr Id
- Claim Date
- Total Claim Amount Paid
- Run Date
- Run Number
- Voucher Information
 - Id
 - VVSS, the first 2 digits (VV) represent the voucher position within a batch and the next 2 digits (SS) represent the service position within the voucher

- External Patient Id
- External Invoice Id
- Patient Surname
- Patient First Name
- item Number
- Date of Service
- Amount Paid

Notes

External Doctor ID / External Patient ID / External Invoice ID - As long as this was provided when the data was imported, then we can include this when these export files are created.

Sample File

Patient Transfer (non API option)

As of September 2021 we do not have any inbound webhooks/APIs, meaning FYDO can not receive new patients via an API. FYDO can send webhooks/apis for new patients but not inbound as of this writing.

We do have a patient transfer option whereby you can send us a file via FTP and it can be loaded into FYDO. Currently this occurs at 3 scheduled intervals a day. 8am, midday and 4pm (SYD time).

We have a few formats we can accept the data in

- XML
- .txt

Option: XML

This format has been adopted as it is the format created by Genie.

[Download Sample File](#)

XML Tag Name	Details
Id	This is the MRN from the incoming system
ChartOrNHS	This could be another additional ID you have for the patient
Title	e.g Miss, Mrs
FirstName	
Surname	
MiddleName	
HealthFundAliasFirstName	Only required if the patient is known by another name with their health fund
HealthFundAliasFamilyName	Only required if the patient is known by another name with their health fund
AddressLine1	

AddressLine2	
Suburb	
State	
Postcode	
DOB	Format yyyy-mm-dd e.g M, F or 1 - for Male 2 - Female 3 - Undertermined
Sex	
HomePhone	Format 0299999999
MobilePhone	Format 0415999999
EmailAddress	
HccPensionNum	
MaritalStatus	Married De facto Same sex partner Single Widowed Divorced Separated 1 - Aboriginal 2 - Torres Strait Islander 3 - Both Aboriginal / Torres Strait Islander 4 - Neither 9 - Not Stated
CultureCode	
MedicareNum	
MedicareRefNum	
MedicareExpiry	Format yyyy-mm-dd
DvaNum	e,g MBP, HCF needs to be the fund code not the fund name. Or at the least the first 3 characters need to be the fund code.
HealthFundName	
HealthFundNum	
NokName	Format FirstName Surname
NokPhone	
Memo	

Option: Text File

This format was created by FYDO and has more fields than the XML option, referred to internally as AV2.

[Download Sample File](#)

Field Name	Start Length		Details
PatExtId	1	10	This could be another additional ID you have for the patient, the main MRN is the PatType field
Title	11	5	e.g Miss, Mrs
Last Name	16	30	
First Name	46	30	
Address 1	76	40	
Suburb	116	25	
Postcode	141	4	
DOB	145	10	Format dd/mmy/yyyy
Medicare Number	155	12	Format 2111-11111-1
Medicare Reference	167	1	
Entitlement Number	168	14	e.g. concession number or pension number
DVA Number	182	14	
Phone Home	196	14	Format (02)9999-9999
Phone Work	210	14	Format (02)9999-9999
Misc1	224	1	Field now defunct, pls ignore
Gender	225	1	e.g M, F
State	226	3	
Medicare Expiry	229	5	Format mm/yy
Misc2	234	6	Field now defunct, pls ignore
PatType	240	10	This is the MRN from the incoming system
Misc3	250	9	Field now defunct, pls ignore
Misc4	259	1	Field now defunct, pls ignore
SiteId	260	4	Field now defunct, pls ignore
Referring Dr Title	264	6	
Referring Dr First Name	270	25	
Referring Dr Last Name	295	25	
Referring Dr Suburb	320	20	
Referring Dr Provider Number	340	8	
Referral Date	348	10	Format dd/mmy/yyyy
Referral Period	358	2	99 for indefinite, other 3, 12 for example
Health Fund Membership Number	360	20	

Health Fund Code	380	3	e.g MBP, should be the eclipse code, that we can look up in FYDO
Health Fund Name	383	37	e.g Medibank
Misc5	420	25	Field now defunct, pls ignore
Email	445	50	
Notes	495	50	
Mobile Number	545	12	
NOK Last Name	557	25	
NOK First Name	582	25	
NOK Relationship	607	10	e.g Brother, Father, Wife
NOK Phone Home	617	13	Format (02)9999-9999
Patient Middle Initial	630	1	
DVA Card Type	631	1	
Indigenous	632	1	1 - Aboriginal 2 - Torres Strait Islander 3 - Both Aboriginal and Torres Strait Islander 4 - Neither Aboriginal or Torres Strait Islander 9 - Not Stated
Referring Dr Practice Name	633	50	
Referring Dr Address 1	683	50	
Referring Dr Address 2	733	50	
Deceased Date	783	10	Format dd/mmy/yyyy
Health Fund Alias First Name	793	25	
Health Fund Alias Last Name	818	25	
Referring Dr Phone	843	14	Format (02)9999-9999
Referring Dr Fax	857	14	Format (02)9999-9999
Referring Dr State	871	3	
Referring Dr Postcode	874	4	
Eligibility	878	1	1 - Eligible - Australian Resident 2 - Eligible - Overseas Visitor 3 - Ineligible 9 - Not Known/Not Stated
Insurance Status	879	1	1 - Basic Cover 2 - Full Cover
Other Card Id	880	1	
Other Card Number	881	10	
Allergy	891	70	

Marital Status	961	1	1 - Married (including de facto)
			2 - Never married (Single)
			3 - Widowed
			4 - Divorced
			5 - Permanently Separated
			6 - Not stated/inadequately described
Employment Status	962	2	1 - Child not at school
			2 - Student
			3 - Employed
			4 - Unemployed
			5 - Home Duties
			6 - Retired
Language	964	2	7 - Pensioner
			8 - Other
Country	966	4	Download List
Mailing Address Line 1	970	40	Download List
Mailing Address Line 2	1010	40	
Mailing Address Suburb	1050	25	
Mailing Address State	1075	3	
Mailing Address Postcode	1078	4	
Mailing Address Country	1082	30	
NOK Title	1112	10	
NOK Address 1	1122	40	
NOK Suburb	1162	25	
NOK State	1187	3	
NOK Postcode	1190	4	
NOK Phone Work	1194	13	Format (02)9999-9999
NOK Mobile	1207	13	Format 9999-999-999