NIB Type C Billing (SDEX)

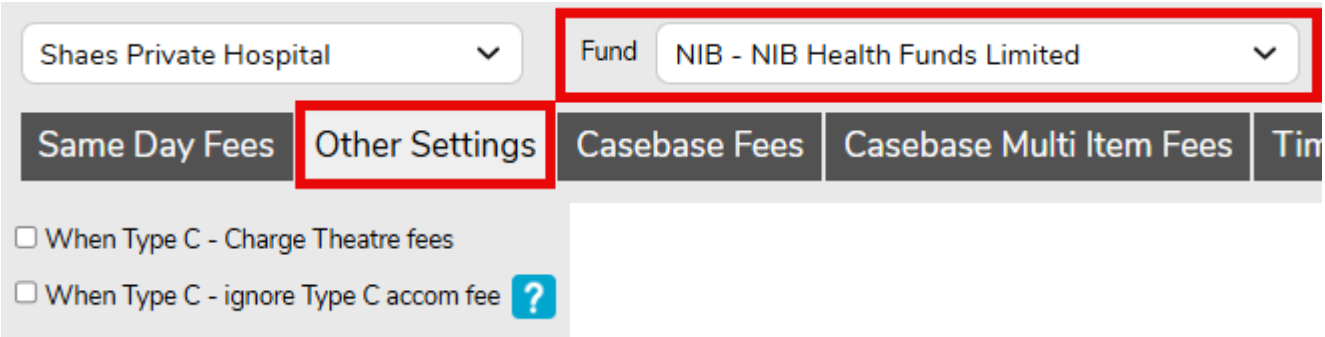
The process of billing NIB Type C procedures, to accommodate the **SDEX item**, has been simplified in FYDO.

To accommodate the easier workflow, development work has been completed to restructure how FYDO processes these claims, ensuring they can continue to be transmitted electronically and paid successfully via ECLIPSE.

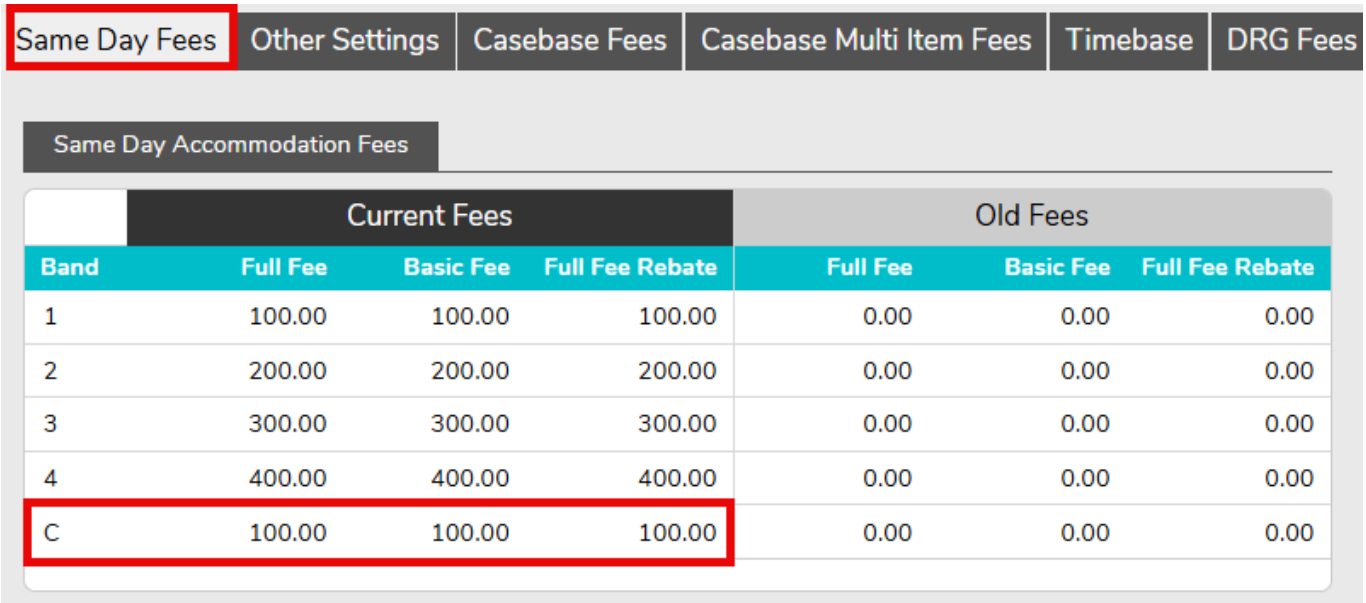
As part of this update:
– It will no longer be necessary to manually add **SDEX as an item number** to each claim
– FYDO will automatically populate and transmit the required information in the correct segments in line with NIB's updated requirements

[redacted]

1. **Settings > Health Fund Fees > Fund: NIB > Other Settings** tab.
   Review the two options below to ensure the setting aligns with your NIB contract stipulations:
   – **When Type C – Charge Theatre fees** is to be selected if your contract allows theatre fees for the Type C item number.
   – **When Type C – ignore Type C accom fee** is to be selected if the contract allows for the regular accommodation band (1 to 4) to be billed, instead of the specific Type C Accommodate Fee.

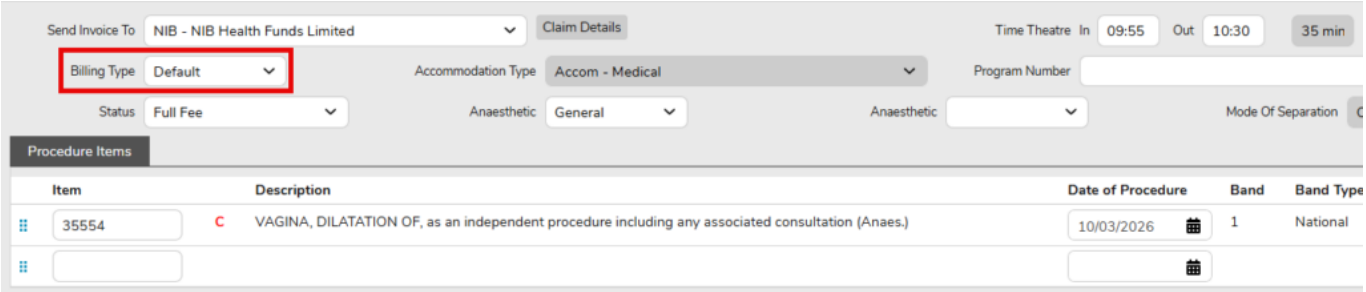


2. The Type C Accommodation Fee must be configured, as it will be used and reported within the Single Value Benefit (Casebase Fee) segment. This can be found in the **Same Day Fees** tab.



	Current Fees			Old Fees		
Band	Full Fee	Basic Fee	Full Fee Rebate	Full Fee	Basic Fee	Full Fee Rebate
1	100.00	100.00	100.00	0.00	0.00	0.00
2	200.00	200.00	200.00	0.00	0.00	0.00
3	300.00	300.00	300.00	0.00	0.00	0.00
4	400.00	400.00	400.00	0.00	0.00	0.00
C	100.00	100.00	100.00	0.00	0.00	0.00

3. NIB Type C procedures are now required to be billed on a **per diem basis**. When using the **Create Invoice** screen, please ensure that the billing type is set to **Default** or **Per Diem**. FYDO will convert the per diem Type C bed fee into the required Single Value Benefit (Casebase Fee) segment, applying the appropriate mapping code.



If you require any further clarification, please don't hesitate to reach out.

Maternity Hospital Admission Process

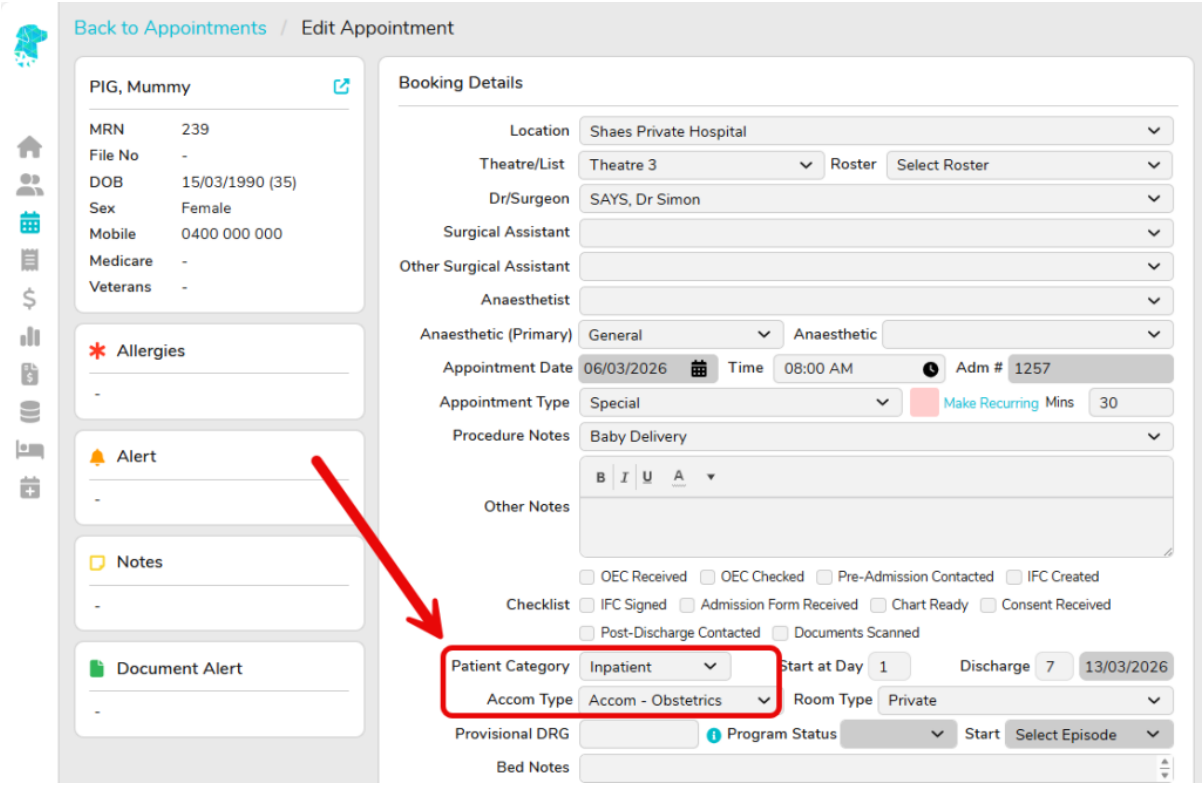
This page outlines the standard Fydo workflow for:

- Admitting **maternity patients**
- **Registering newborns**
- Entering **Hospital in the Home (HITH)** details where applicable

This ensures patient records, episodes, and downstream integrations (billing, reporting, data extracts) are accurate.

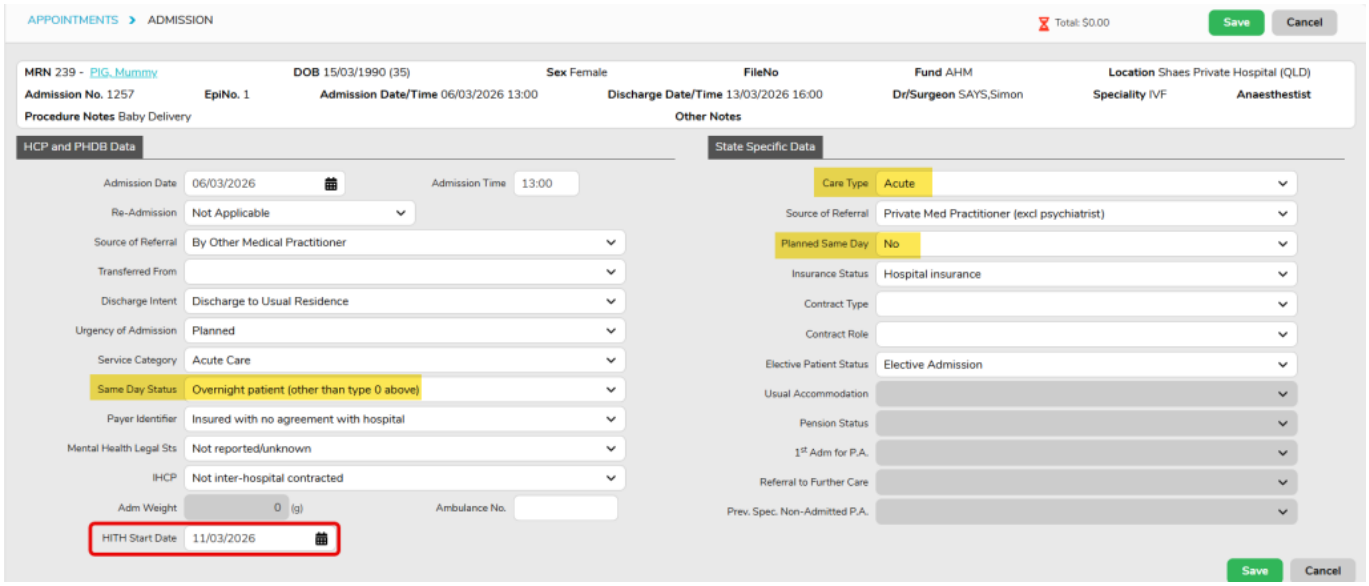
Maternity Patient Admission

1. Navigate to **Appointment → Right-Click Menu → Make an Appointment**
2. Select the appropriate **Patient Category & Accom Type**



3. Once the mother needs to be **Admitted**, this can be done in the usual matter:

- Care type = Acute
- Other details same as overnight Acute
- HITH Start Date – if patient is going to receive **Hospital In The Home** care during the episode, HITH start date can be entered after patient is admitted.



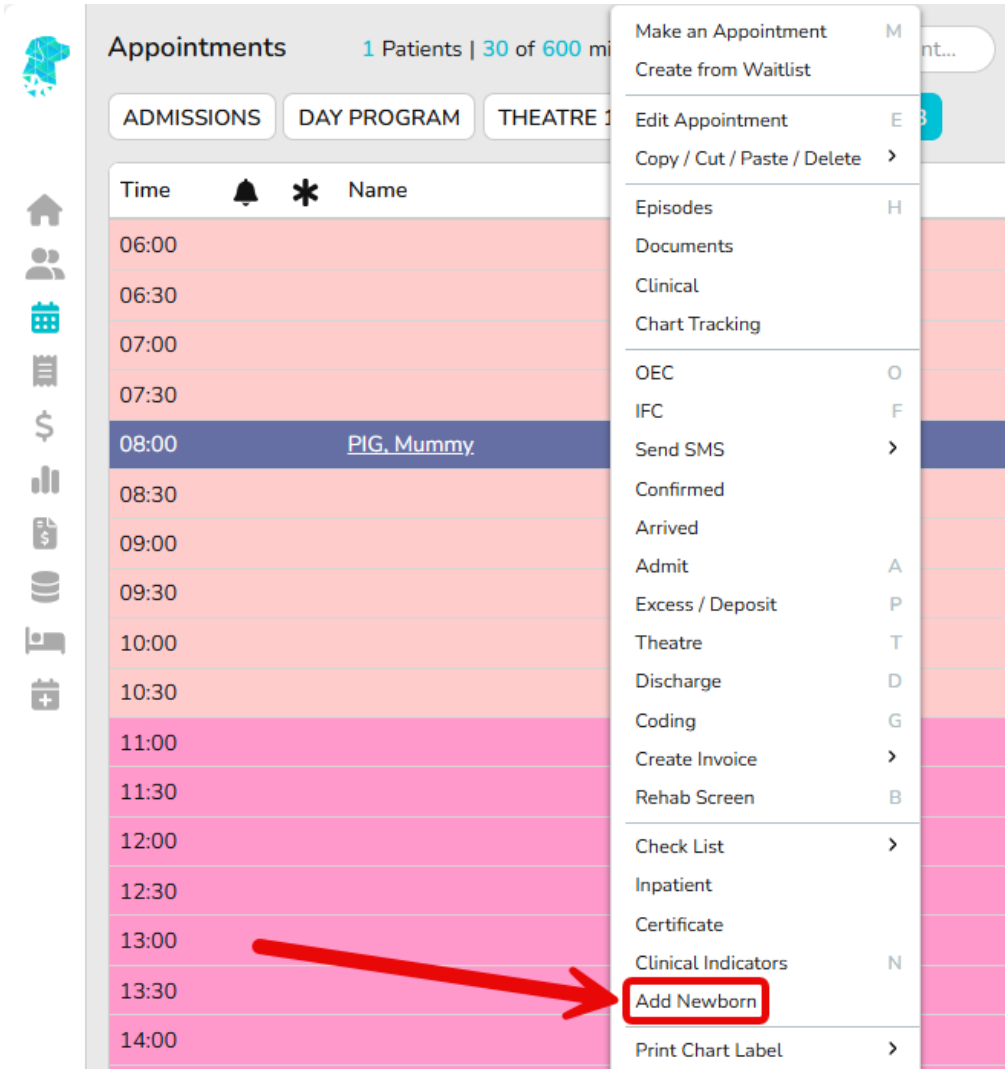
4. Allocate a Bed to the mother – **Appointment → Right-Click Menu → Inpatient → Bed History**

Registering Newborns

Newborns must be registered as **separate patient records** and linked to the mother.

Step 1: Create Newborn Patient Record and admission

1. From the mother's appointment, **Right Click > add Newborn** (or create a new patient manually)

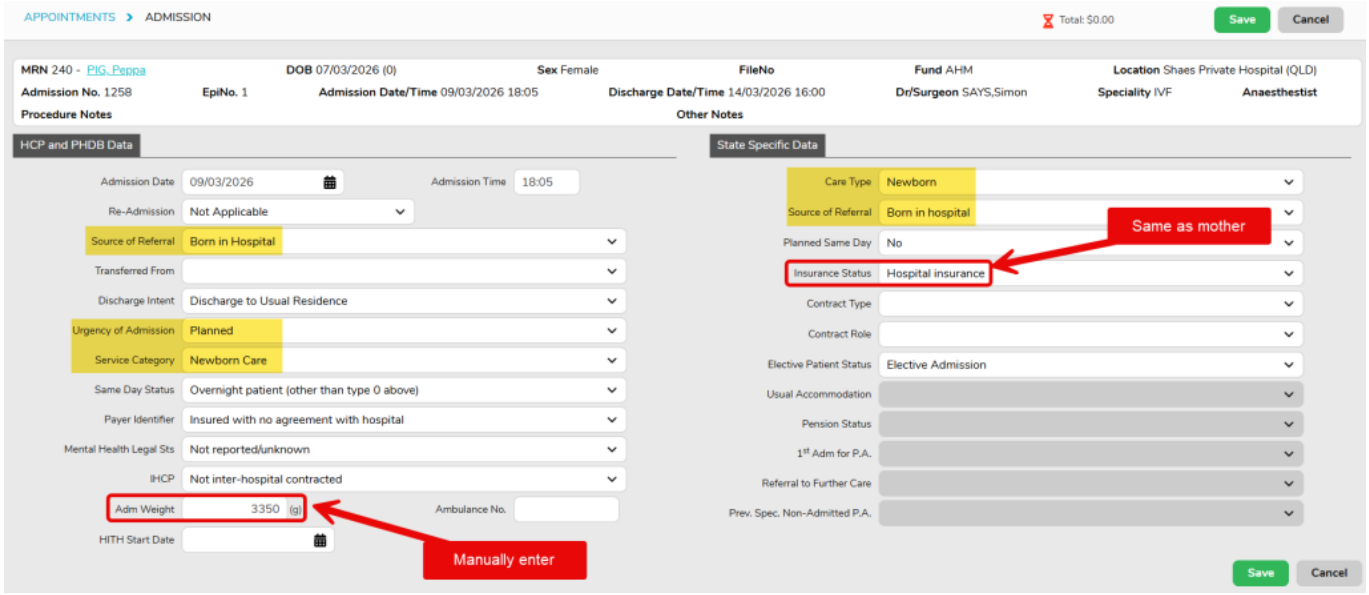


2. Enter newborn details:

- Temporary name *(e.g. Baby of Jane Smith which can be updated later once the legal name is confirmed)*
- Date and time of birth
- Gender
- Most of the details will be inherited from Mother, for example address, GP, Fund etc.
- NOK/Emergency Contact relationship must be reviewed and updated as FYDO blank fills the relationship after copying Mother's details

3. After the newborn patient details are saved, FYDO will prompt the newborn admission screen. Enter all newborn admission details.

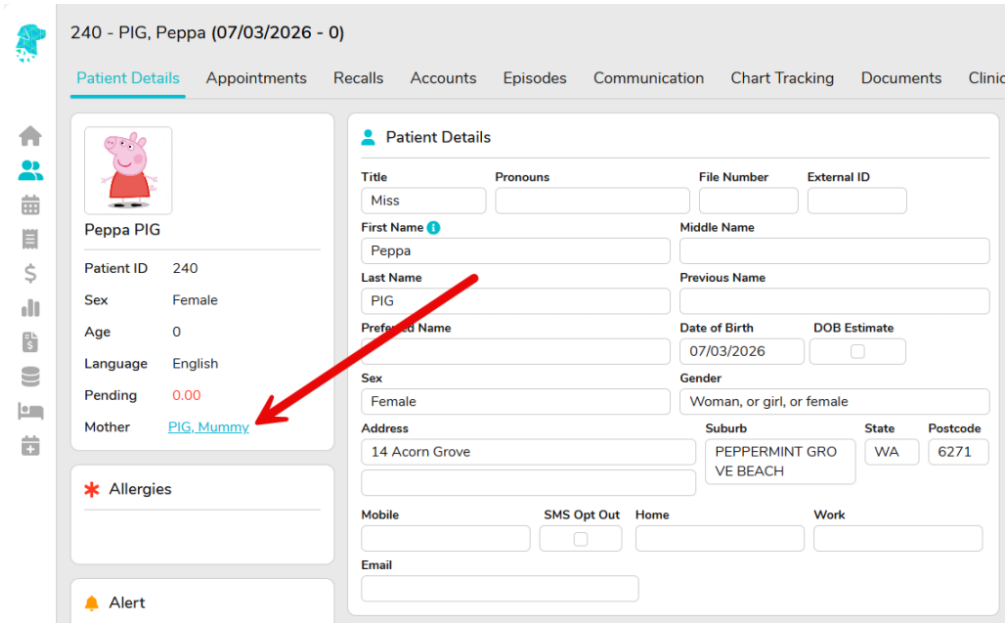
Currently only QLD facilities will have below highlighted fields pre-populated for newborn admissions; other state will need to manually assign the relevant values.



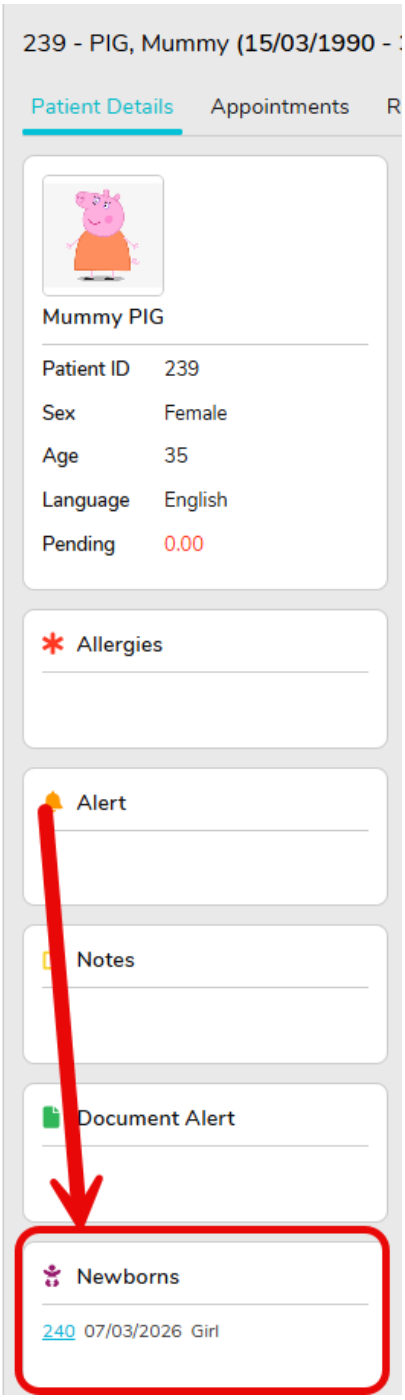
Step 2: Link Newborn to Mother

1. This will be linked automatically if baby is registered using the **Add Newborn** option

From Baby's record, Mother name is listed and hyperlink to mother's patient details page:



From Mother's record, child/ren's details are also listed:

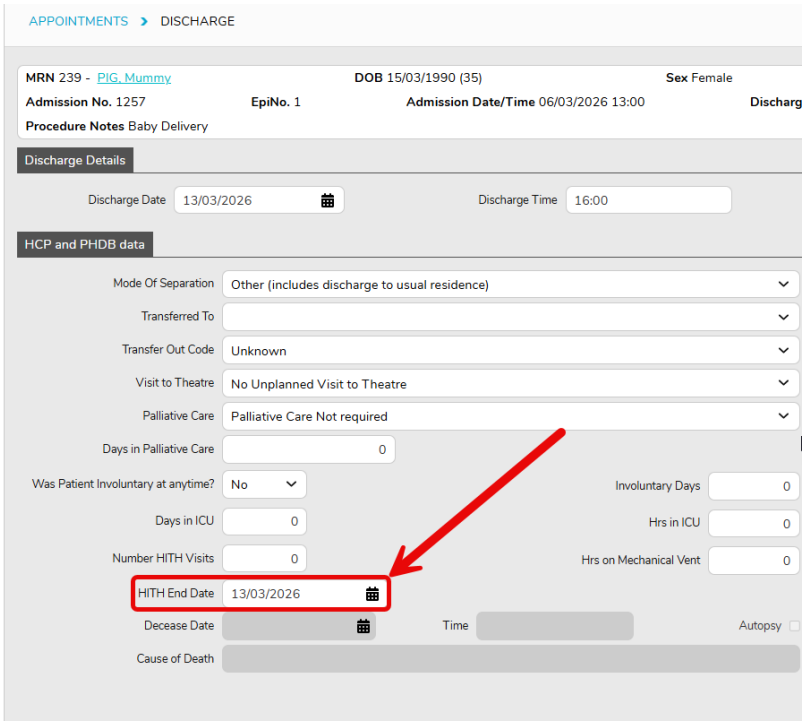


Discharge Mother and Newborns

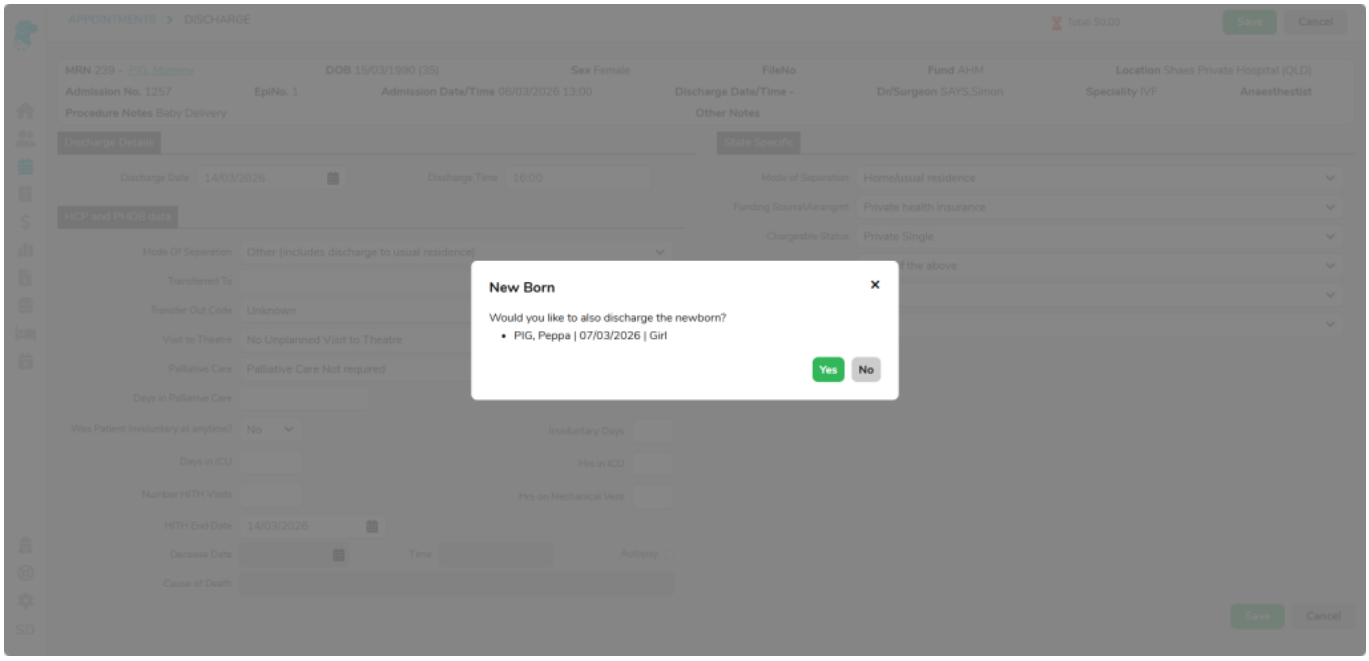
Always Discharge from the Mothers Episode

1. Appointments Screen → select Mothers episode →Right-Click Menu → Discharge

 If HITH start date is entered on admission screen, HITH end date will auto default to Discharge date, can be updated if needed



2. FYDO will prompt a screen to also discharge the baby



Digital Informed Financial Consents (IFCs) in FYDO

FYDO now supports a **digital workflow** for sending **Informed Financial Consents (IFCs)** and **National Private Patient Hospital Claim Forms** *(HC21 forms for insured patients)* directly to

patients via the **Preadmit Portal**.

This feature allows patients to receive, review, and sign their IFC **before arriving at the facility**, with the signed document automatically returned to FYDO for staff to view — reducing paperwork, manual handling, and administration time.

What This Feature Does

Once enabled, this feature allows facilities to:

- Send IFCs and HC21 forms **digitally via the patient's Preadmit Portal**
- Allow patients to **read and sign forms in their own time**
- Automatically return the **signed IFC to FYDO**
- Automatically update **Checklist items** as the IFC progresses
- Give patients **ongoing access to their signed IFC** via the Preadmit Portal
- Reduce reliance on paper forms while still meeting informed financial consent obligations

Key Benefits at a Glance

- □ Faster, more efficient IFC processing
- □ Reduced manual administration
- □ Clear visibility of signed vs unsigned IFCs
- □ Improved patient experience
- □ Reduced paper usage
- □ Continued compliance with informed financial consent requirements

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How the Digital IFC Process Works

At a high level, the workflow is as follows:

1. The facility creates the IFC in FYDO (using the **existing IFC screen**).
2. The IFC is sent digitally to the patient via their **Preadmit Portal**.
3. The patient reviews and signs the IFC online.
4. The signed IFC is automatically returned to FYDO.
5. Facility staff can view the signed form directly in FYDO Documents.

No scanning, uploading, or manual checklist updates are required.

Automated Checklist Updates

As part of this workflow, FYDO's **Checklist feature** is fully automated:

- **"IFC Created"** is automatically ticked when the IFC is generated
- **"IFC Signed"** is automatically ticked once the patient signs the form

This provides staff with **real-time visibility**, right on the Appointments Screen, of which patients have completed their IFCs and which are still outstanding — without any manual intervention.

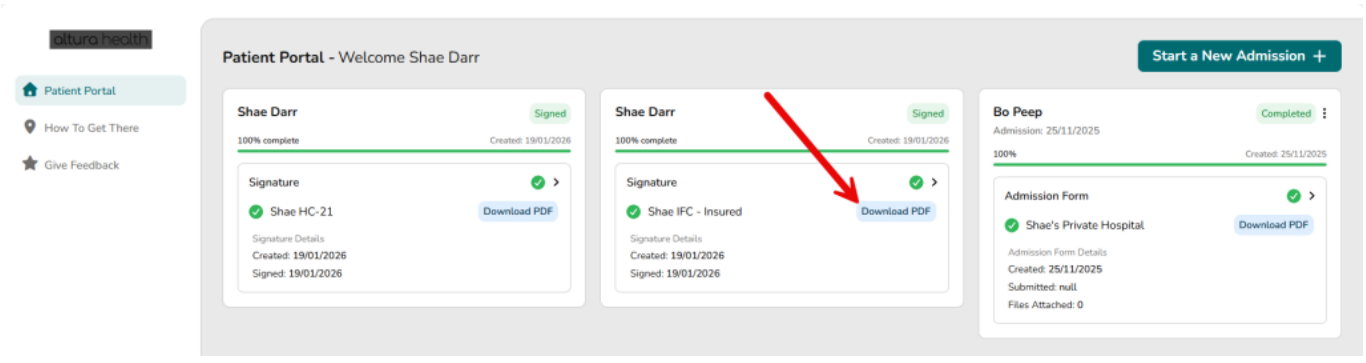


Patient Access to Signed IFCs

Once signed, the IFC remains available to the patient via their **Preadmit Portal** at any time.

This means:

- Patients can easily access their copy when needed
- Facilities can reduce or eliminate the need for printed copies
- Hospitals continue to meet their obligation to provide informed financial consent documentation



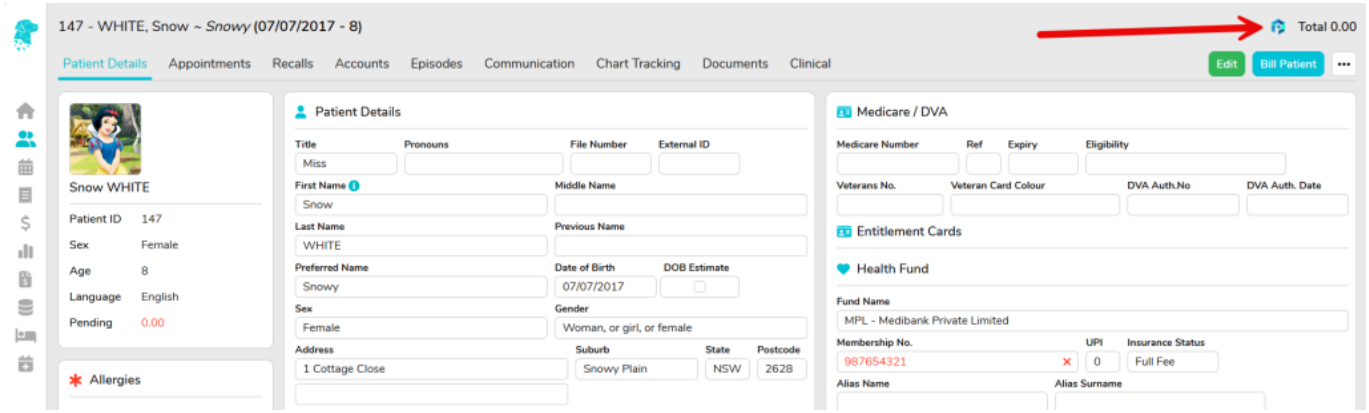
Important Requirements

Preadmit Account Required

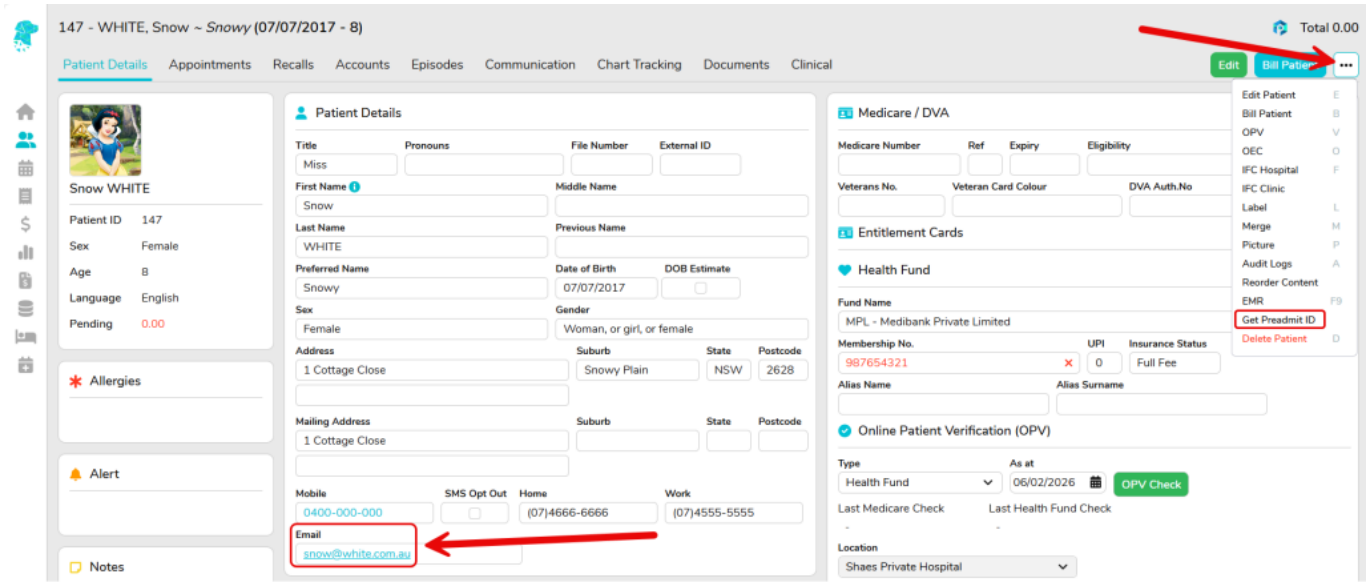
This digital IFC feature **only works for patients who have a Preadmit Account**.

If a patient does not have a Preadmit Account, the IFC will need to be handled using existing non-digital processes.

Patients with a **Preadmit Account** can be identified by the Preadmit Logo displaying on their Patient Screen.



Patients are linked to their Preadmit Portal via the **Email Address** that they use to log in. FYDO can check existing patients utilising the **Get Preadmit ID** feature on the **Patient Screen** for patients with a valid email address entered.

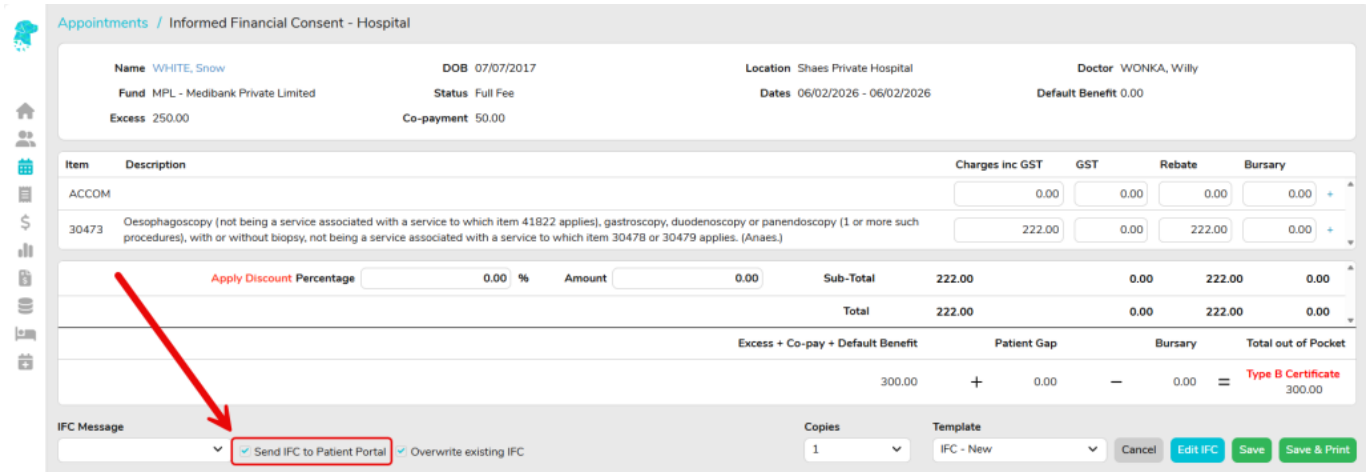


Enabling This Feature

This feature **must be enabled by the FYDO Support team** before it can be used.

If you'd like to implement digital IFCs for your facility, please reach out to our **wonderful Support team**, who will assist with setup and configuration at **support@alturahealth.com.au**

Once enabled, the feature will be available directly from the **standard IFC screen** — no new workflows or screens to learn.



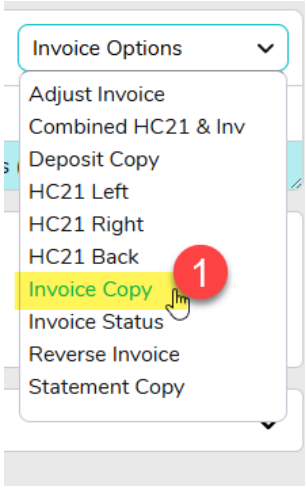
Emailing a Hospital Invoice from FYDO

You can now send invoices directly from FYDO using your Microsoft 365 email account. This feature uses a secure integration via a Microsoft Enterprise Application called **FYDO_EmailSender**.

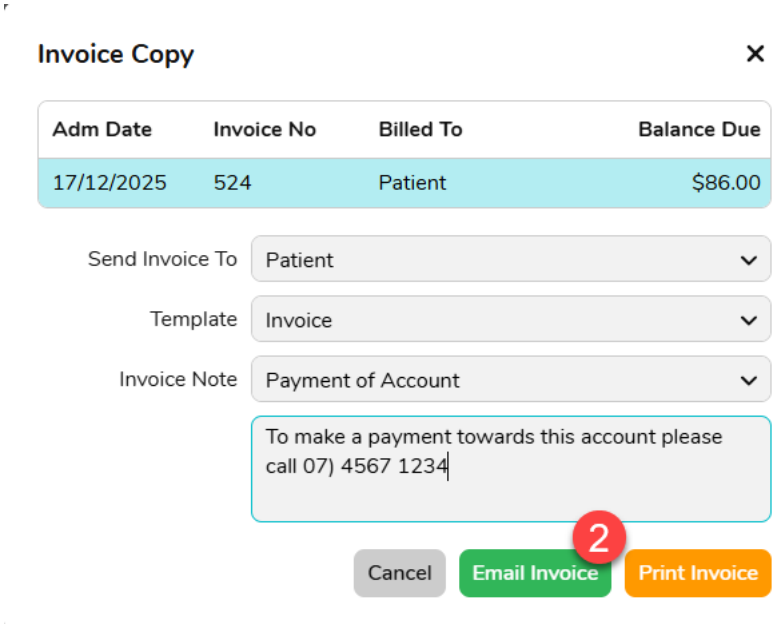
For this functionality to work, your Microsoft 365 tenant must allow the required permissions, which may need assistance from your IT department. To find out how to set up your email, see our Setting up to Email from FYDO user guide.

Once successfully set up, you can email an Invoice Copy from the Episodes screen.

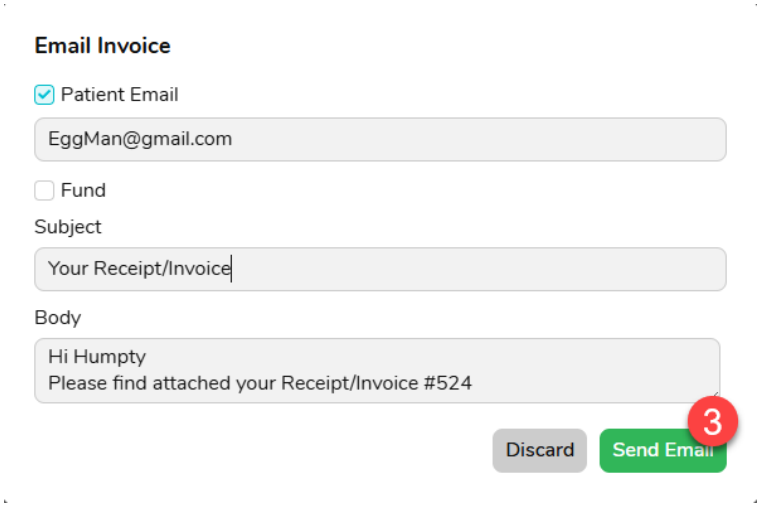
1. Under the Invoice Options Drop down in the Episodes screen, select 'Invoice Copy'



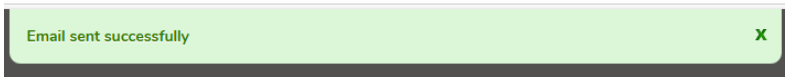
2. Select the Invoice options as usual and click on the 'Email Invoice' button



3. Select who you'd like to email, whether it be the Patient or Fund, modify the Email Subject and Body of the email if necessary and click on the 'Send Email' button



4. If the email is successful, you should see a message at the top of the FYDO screen like below



 Important: The email will appear to the recipient as being sent from the shared mailbox (e.g. `reception@hospital.org.au`), but will still be sent using your personal Microsoft 365 account. The message will be saved in your **Sent Items**, not the shared mailbox's.

Setting up to email from FYDO

You can now send invoices directly from FYDO using your Microsoft 365 email account. This feature

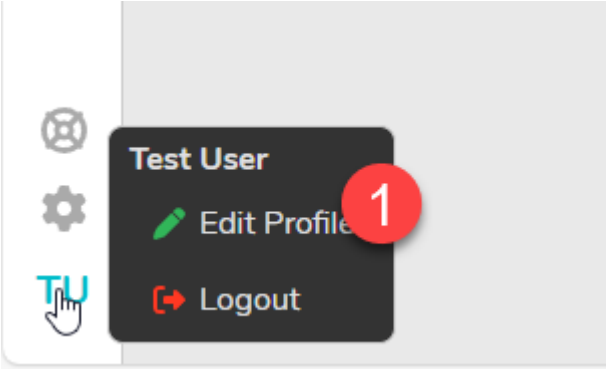
uses a secure integration via a Microsoft Enterprise Application called **FYDO_EmailSender**.

For this functionality to work, your Microsoft 365 tenant must allow the required permissions, which may need assistance from your IT department.

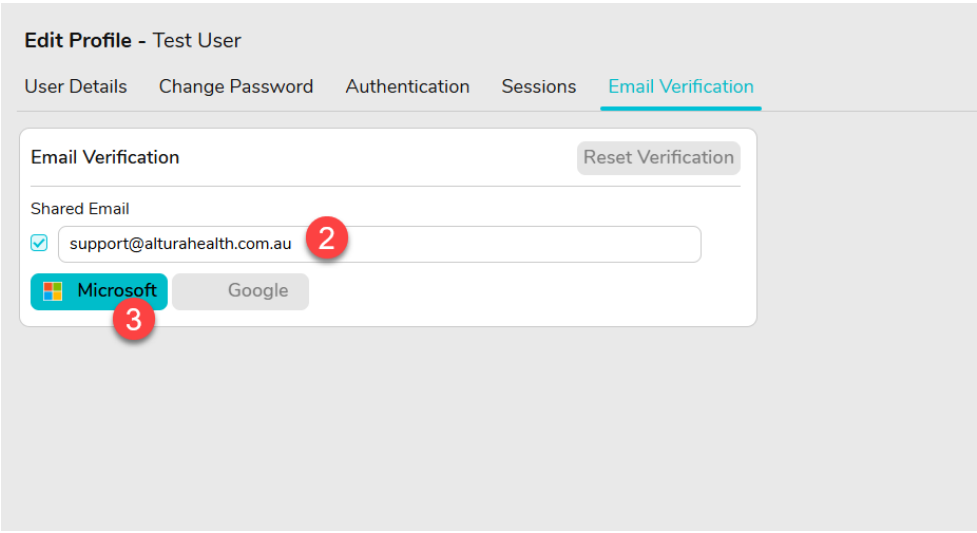
Email Verification Step – Before being able to email an invoice from FYDO, you firstly need to verify your email account (either your user account or a shared email account, such as a department email address).

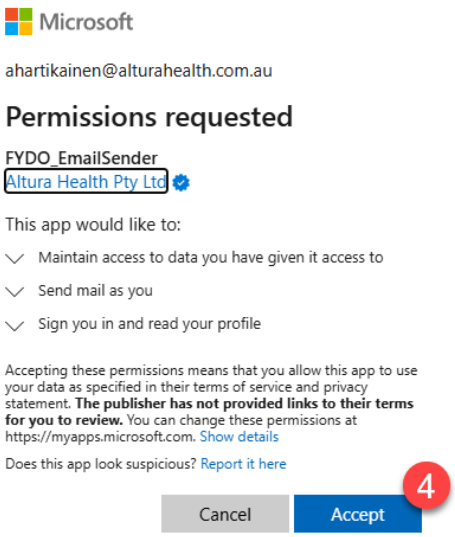
To verify your email, follow these steps:

1. Go to your user account initials in the bottom left corner and select 'Edit Profile'



2. Select the tab **Email Verification** and if you want to email from a Shared email account, enter the email address, otherwise leave blank to send from your account you used to log into FYDO.
3. Click on the Microsoft button, which will prompt you with the following screen.
4. Click on the Accept button and if your Microsoft already has the appropriate permissions set, you should get a "Email has been successfully verified" message at the top of FYDO, as shown below.







Note: If you do not see the success message, your Microsoft 365 tenant may not have granted the required permissions. Please contact your IT department and advise them that the FYDO_EmailSender application needs to be granted the following permissions for your user account:

- `offline_access`
- `Mail.Send`
- `User.Read`

You may also not have the appropriate permissions to email from a Shared email account.

IT Support Teams can contact Altura Health Support for assistance if required.

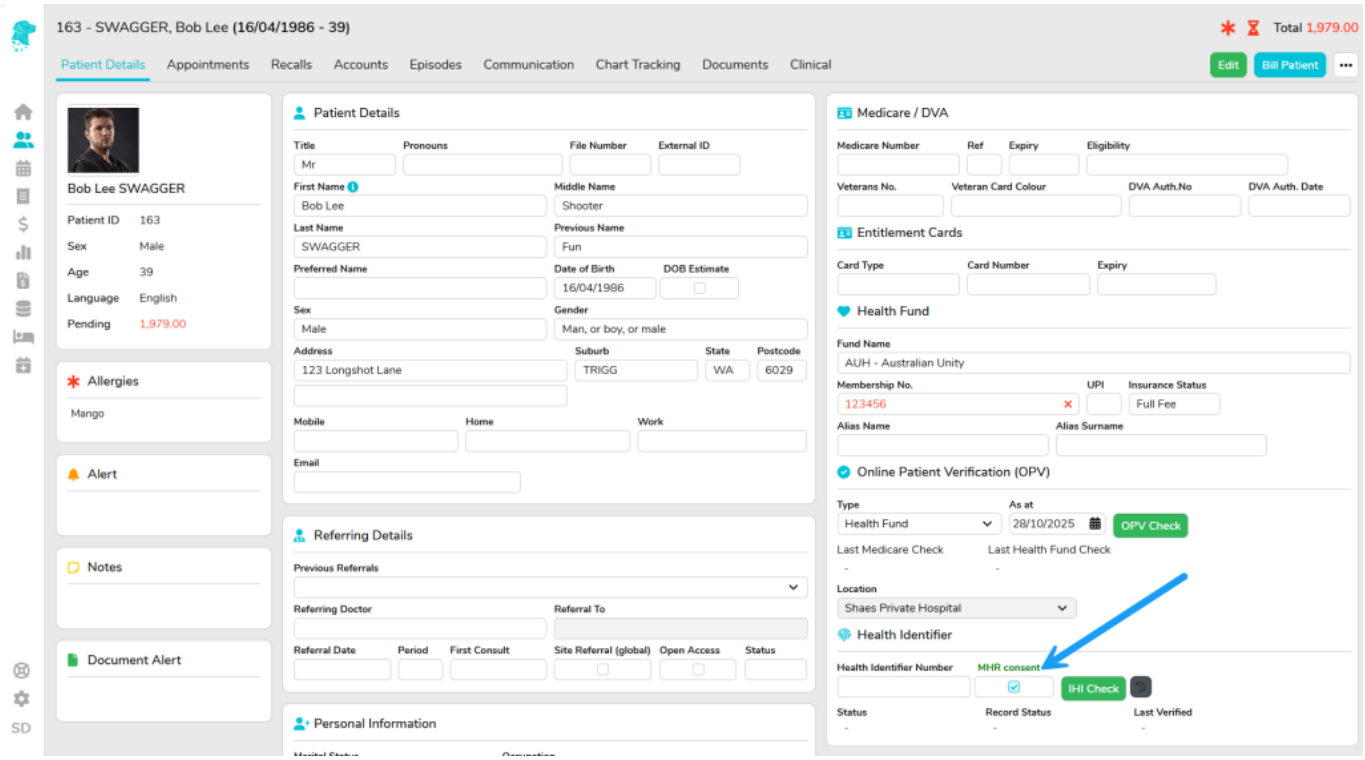
To find out how to email an invoice from FYDO, please see our additional instructional wiki pages below:

Emailing an Invoice from FYDO user guide.
Emailing Documents from FYDO user guide.

My Health Record – Checking Patient's Individual Healthcare Identifier and Consent

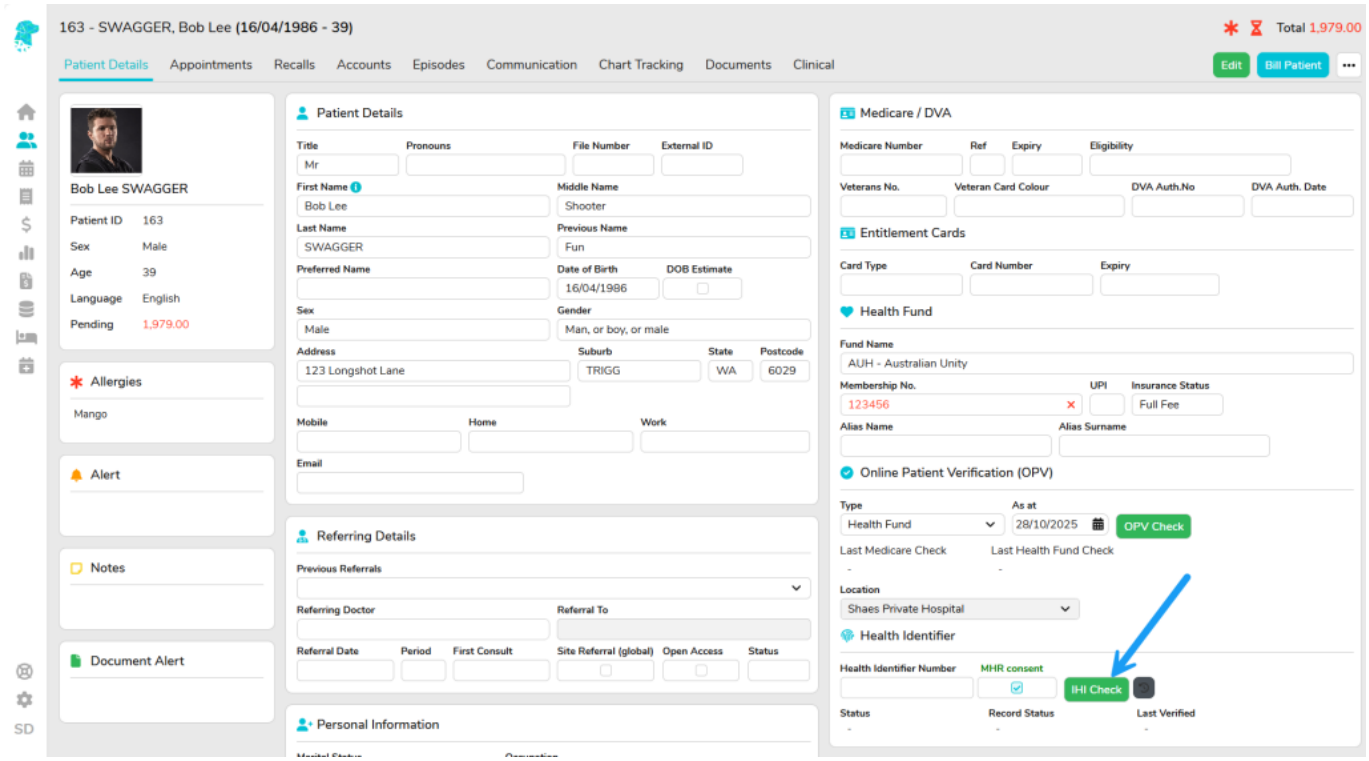
In order for patient's Discharge Summaries to be uploaded into My Health Record (MHR) their Individual Healthcare Identifier (IHI) needs to be successfully verified.
These instructions will explain how this can be done in FYDO.

When creating a new patient, the **MHR Consent** tick box will be ticked by default. This ensures all episodes created for this patient will automatically have the **MHR Consent** box ticked at an episodic level.
It will need to be unticked if the patient withdraws consent for information to be uploaded to MHR, and in turn, any bookings created after the patients MHR Consent tick box is unticked will **not** have the tick selected in the episode.



FYDO will automatically verify the **IHI Number** when the patient is added to the database for the first time.

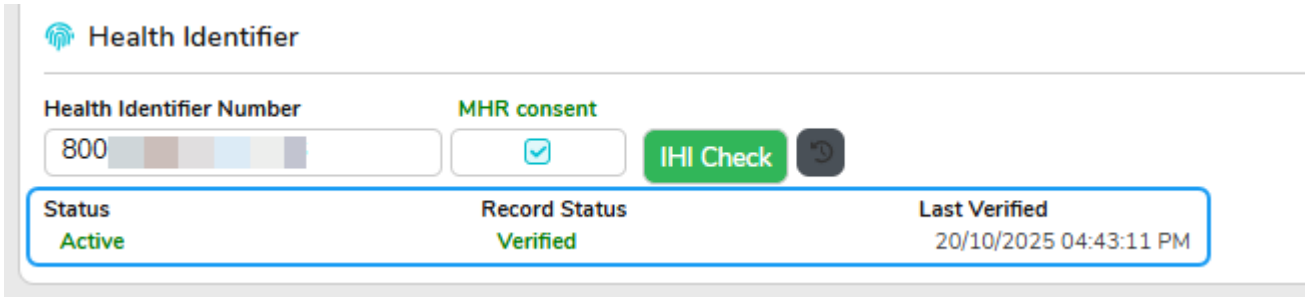
If manual verification is necessary, click **"IHI Check"** after adding the patient.



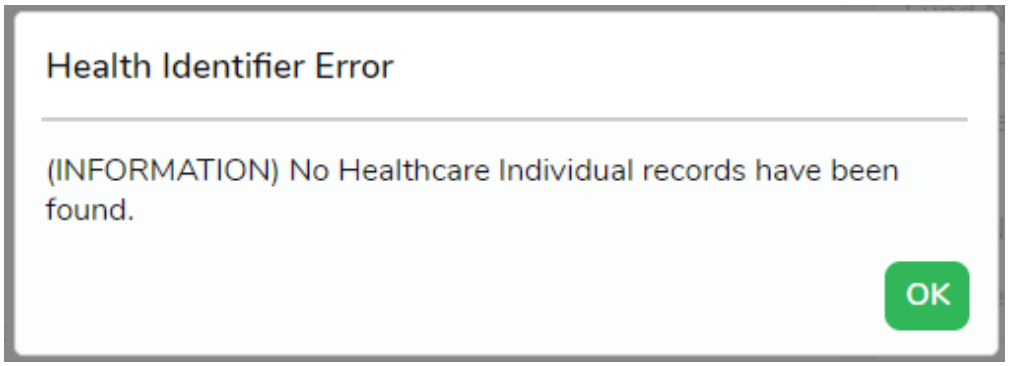
If you are aware of what the patient's IHI Number is, and have typed it into FYDO, the check will verify that it is correct.

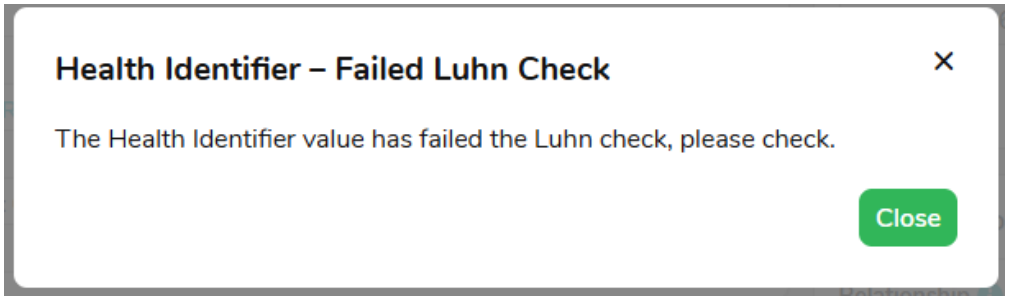
If you do not have the patient's IHI Number, the check will retrieve their number and populate the field, provided that the patient can be identified.

The **Status, Record Status** and **Last Verified** information will be displayed.



A message will display if the patient cannot be identified.





IHI verifications work according to the same data matching principals' as the Medicare OPV. To address an unsuccessful verification, users can check certain patient identifiers i.e. the spelling of the first and last name, accuracy of their Date of Birth and Medicare card.

MHR Consent

MHR Consent is available in FYDO on both the **Patient Level** and the **Episodic Level** to allow patients the flexibility to withdraw MHR consent for specific episodes.

For facilities that utilise Preadmit, MHR Consent can be obtained when the patient submits their admission form, and the information can be transferred into FYDO. The answer that the patient gives will be reflected on the **Patient Screen.** If you are interested in setting this up, please reach out to our Preadmit team.

Consent on a Patient Level:

- For patients created in FYDO, MHR Consent is ticked on the **Patient Screen** by default when a patient is created.
- If a patient withdraw consent completely, this box needs to be manually unticked.
- MHR Consent updates made in **Preadmit** will update the patient's MHR Consent status in the **Patient Screen**.

Consent on an Episodic Level:

- MHR Consent is defaulted at the point of booking based on the patient's current consent status in the **Patient Screen.**
- If the patient has consented, new episodes will be automatically ticked as consented.
- If the patient has not consented, new episodes will remain unticked.

- After booking, the **Edit Appointment Screen** consent operates independently from the Patient Screen. This allows consent to be added or removed for an individual admission.

- If the MHR Consent is **not** ticked in the **Edit Appointment** Screen, FYDO recognises that the patient has not consented, and the facility will be unable to upload the discharge summary to MHR.

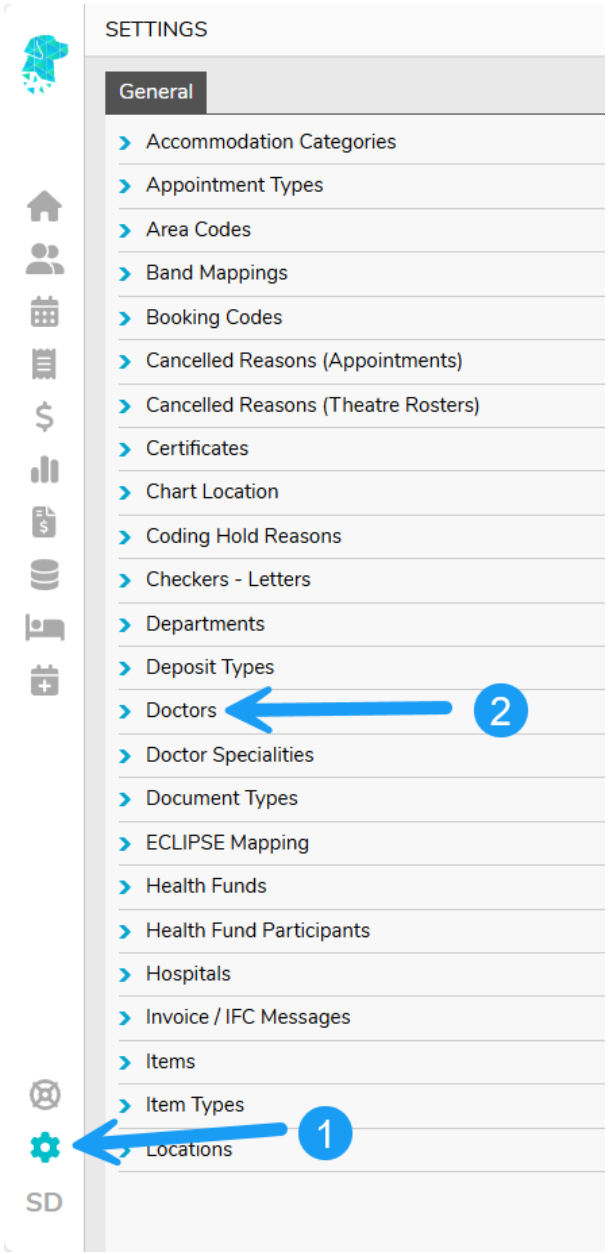
For more helpful information related to **My Health Record** visit our associated wiki pages to:

Add your **organisations** HPI-O to FYDO here.
Add your **doctors** HPI-I to FYDO here.
Upload a **discharge summary** in FYDO here.

My Health Record – Adding your Doctors HPI-I to FYDO

In order to upload Discharge Summaries to My Health Record Clinical Staff (Doctors/Surgeons) will need to supply the facility with their *Healthcare Provider Identifier – Individual (HPI-I).* Doctors can find out what they HPI-I is by calling Healthcare Identifiers on 1300 361 457 or they can get it from AHPRA.
This number needs to be entered into FYDO by following the instructions below.

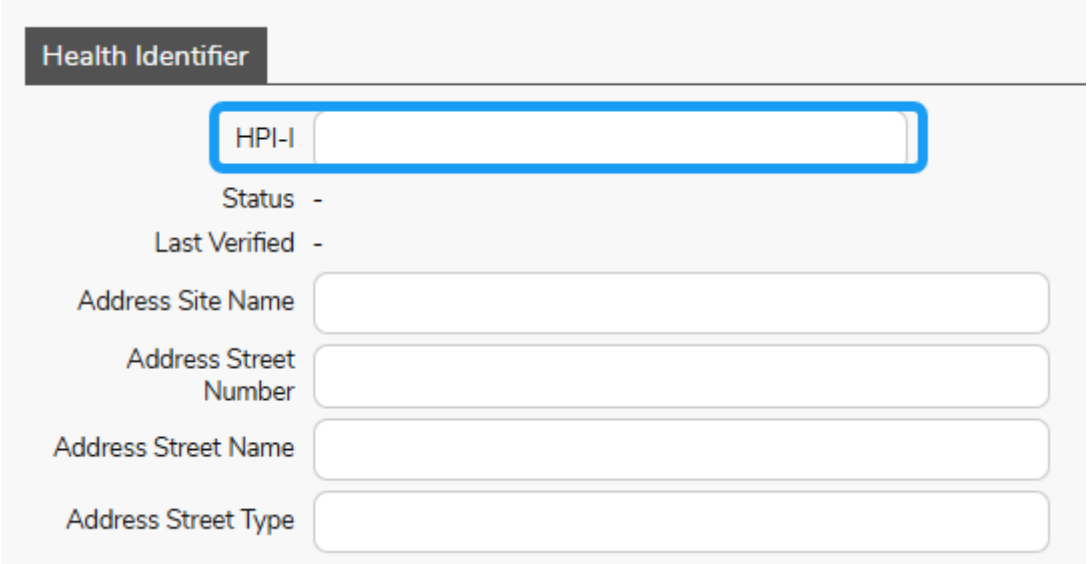
Navigate to **Settings**
Select **Doctors**



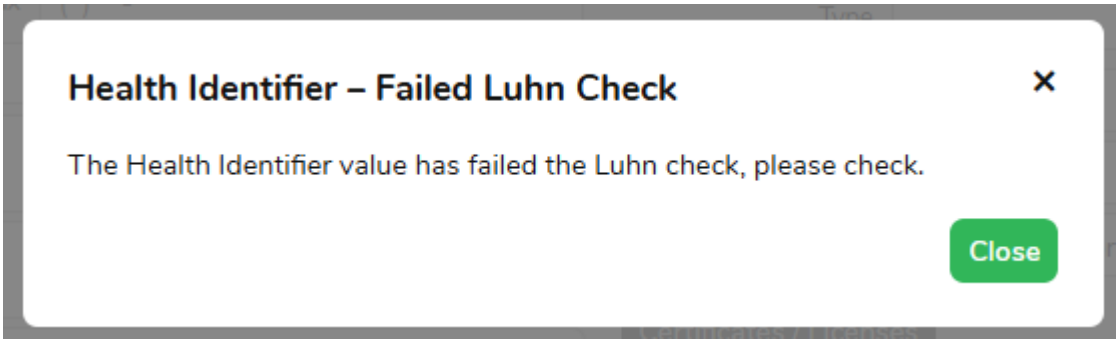
Double click on the required Doctor & select **Edit**



Type in the Doctors HPI-I, under the section **Health Identifier,** and click **Save**

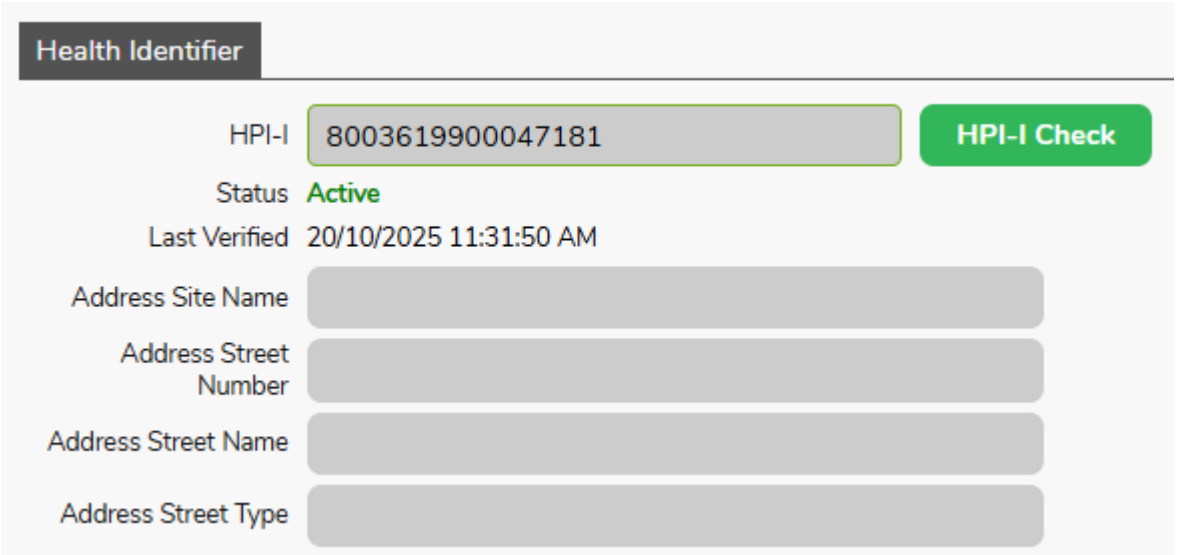


FYDO will automatically run an internal check, to ensure the HPI-I follows the required format, when you click save. If the number doesn't meet the requirements, you will be given an alert.



You will then need to either correct the HPI-I or remove it to be able to save the rest of the information.

If the number was able to be saved, you can utilise the **HPI-I Check** button to verify the number. A successful verification will be identified with a **GREEN** boarder, and the **Status** and **Last Verified** date and time also be displayed.



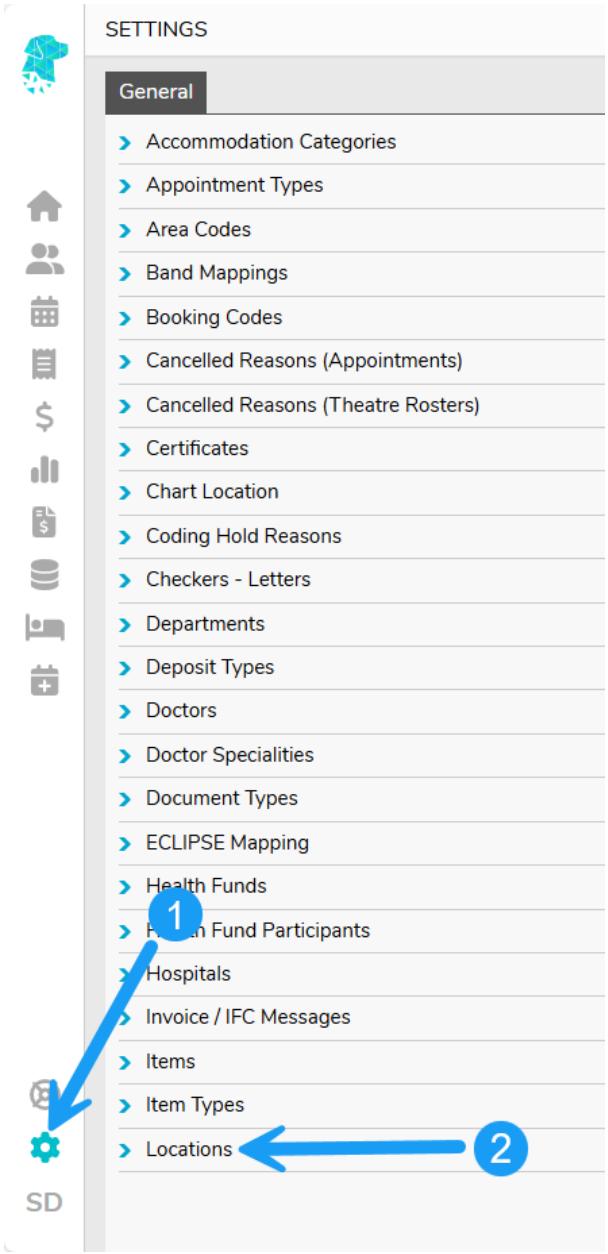
For more helpful information related to **My Health Record** visit our associated wiki pages to:

Add your **organisations** HPI-O to FYDO here.
Check a **patients** IHI in FYDO here.
Upload a **discharge summary** in FYDO here.

My Health Record – Adding your Organisations HPI-O to FYDO

In order to upload Discharge Summaries to My Health Record organisations will need to have completed the registration process & received a *Healthcare Provider Identifier – Organisation (HPI-O).*
This number needs to be entered into FYDO by following the instructions below.

Navigate to **Settings**
Select **Locations**



Double click on the required Location & Click **Edit**



Enter in the organisations **HPI-O** and click **Save**



You will then be able to click **HPI-O Check** and see the **Status** and **Last Verified** date and time.



A successful verification will be indicated with a **GREEN** boarder around the number as per above.

For more helpful information related to **My Health Record** visit our associated wiki pages to:

Add your **doctors** HPI-I to FYDO here.
Check a **patients** IHI in FYDO here.
Upload a **discharge summary** in FYDO here.

Diagnosis Cluster Code User Guide

This guide is written for end users *(e.g. clinical coders, medical record staff)* who assign the Diagnosis Cluster Code ID during routine workflows.

What is a Diagnosis Cluster Code?

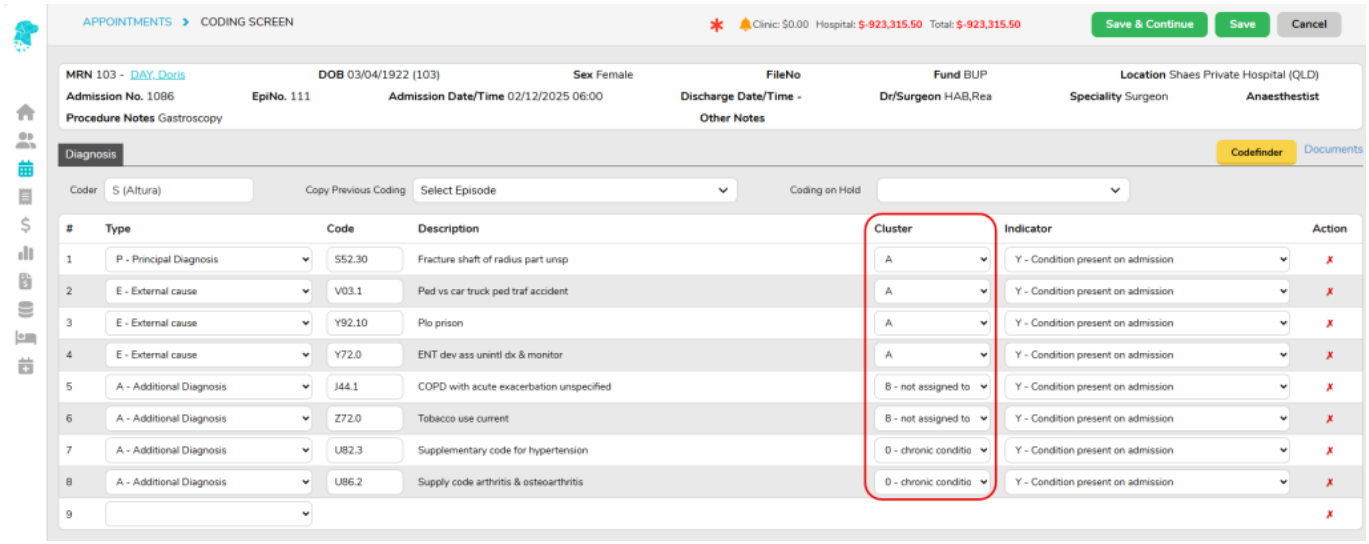
A **Diagnosis Cluster Identifier (DCID)** is an alphanumeric character allocated to each ICD-10-AM code reported within an episode of care to identify and maintain the link between diagnosis codes as the data is collected, validated, processed and analyzed.

When should I assign it?

Cluster codes apply for ICD-10-AM and ACS Thirteenth Edition and will be mandatory starting from **1 July 2026.**

Is FYDO Cluster Code Ready?

Yes, the Diagnosis Cluster Code field is already available on the **FYDO Coding Screen** for each diagnosis line.



[redacted]

While not mandatory until 1 July 2026, hospitals have the option of assigning DCIDs now or leave the cluster code as default 8.

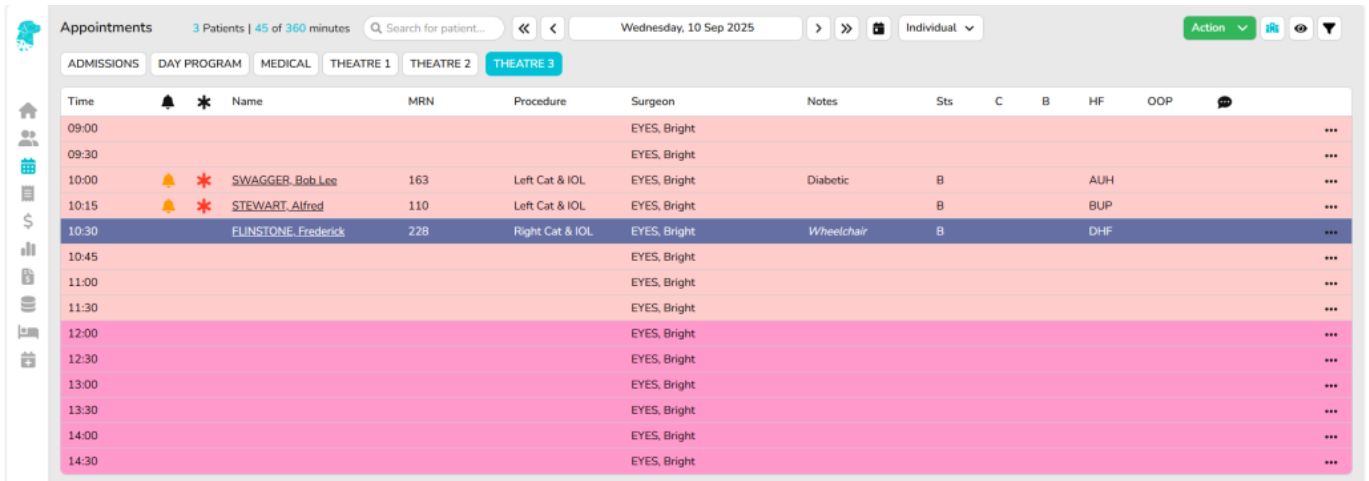
More information can be found via the helpful link here:
Cluster coding | IHACPA

Cluster Coding and Data Extracts

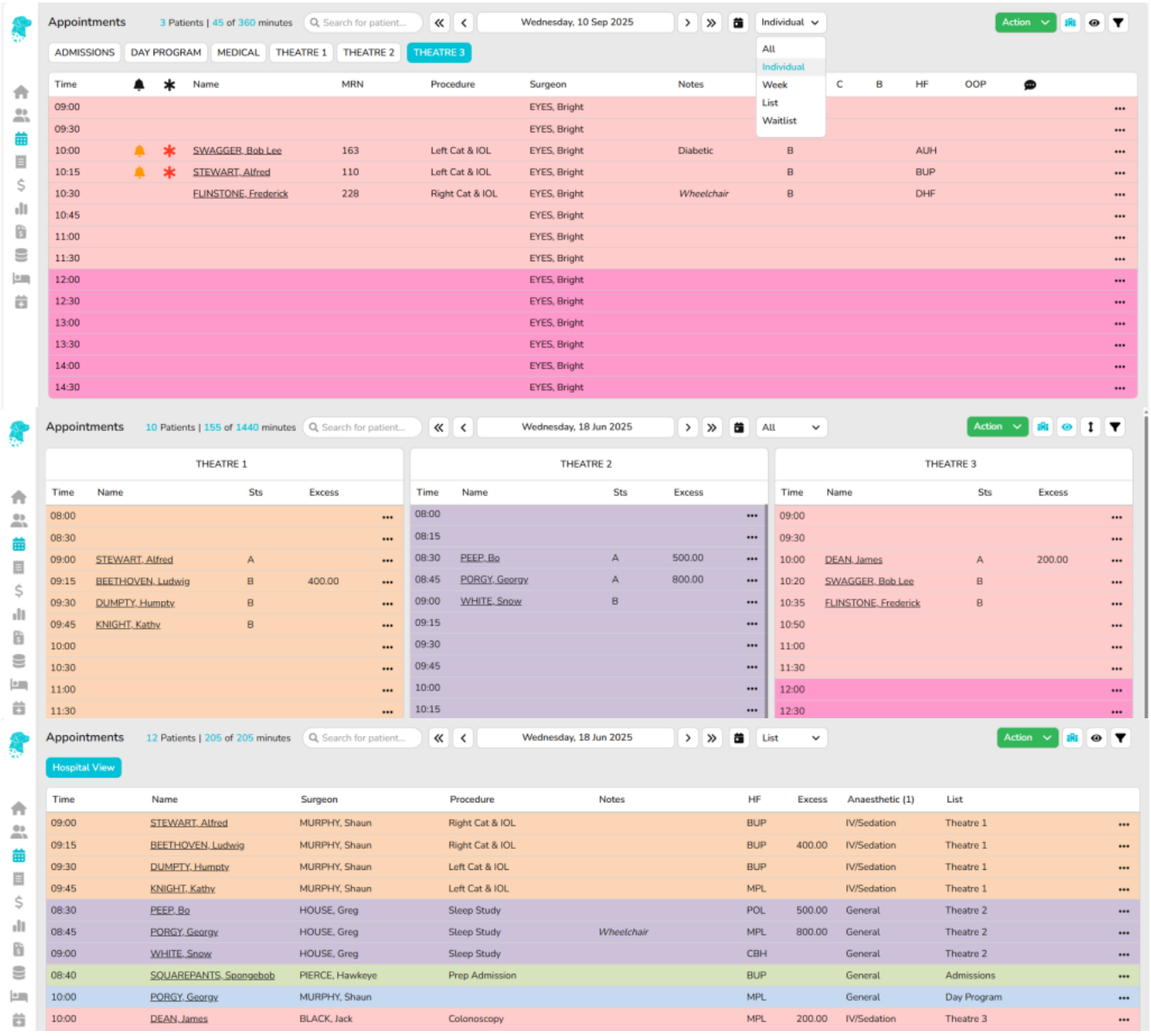
FYDO will include Diagnosis Cluster Codes in all statutory data extracts from 1 July 2026, in alignment with IHCPA requirements.

Navigating Appointment Screen

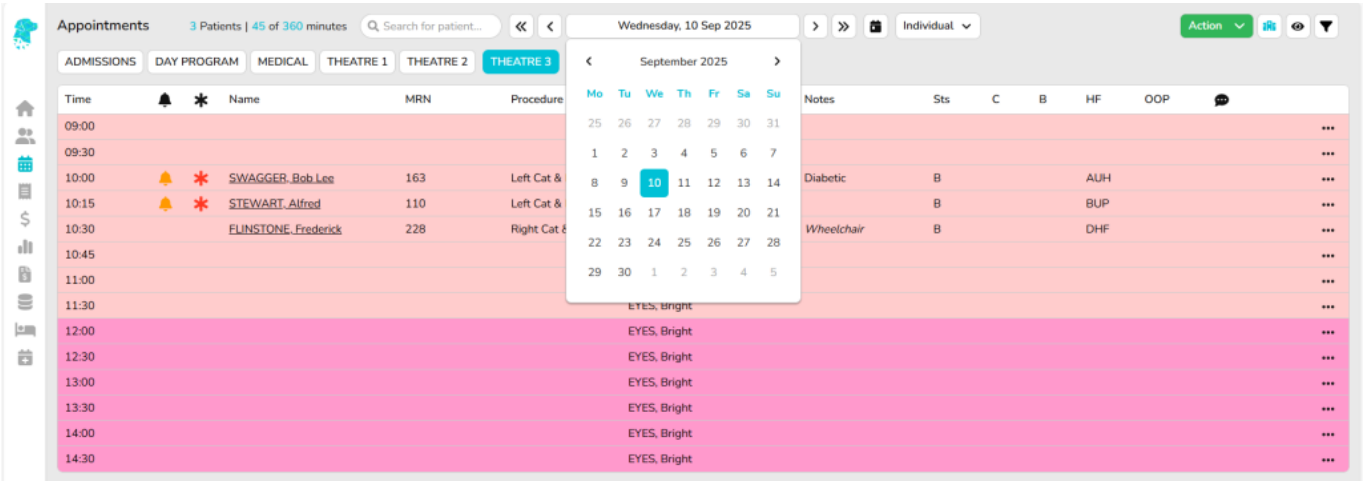
The FYDO Appointments Screen gives our users so many options and features to best compliment any workflow.



To choose your preferred view – **All, Individual, Week, List, or Waitlist** – use the dropdown menu located on the right-hand side of the date.



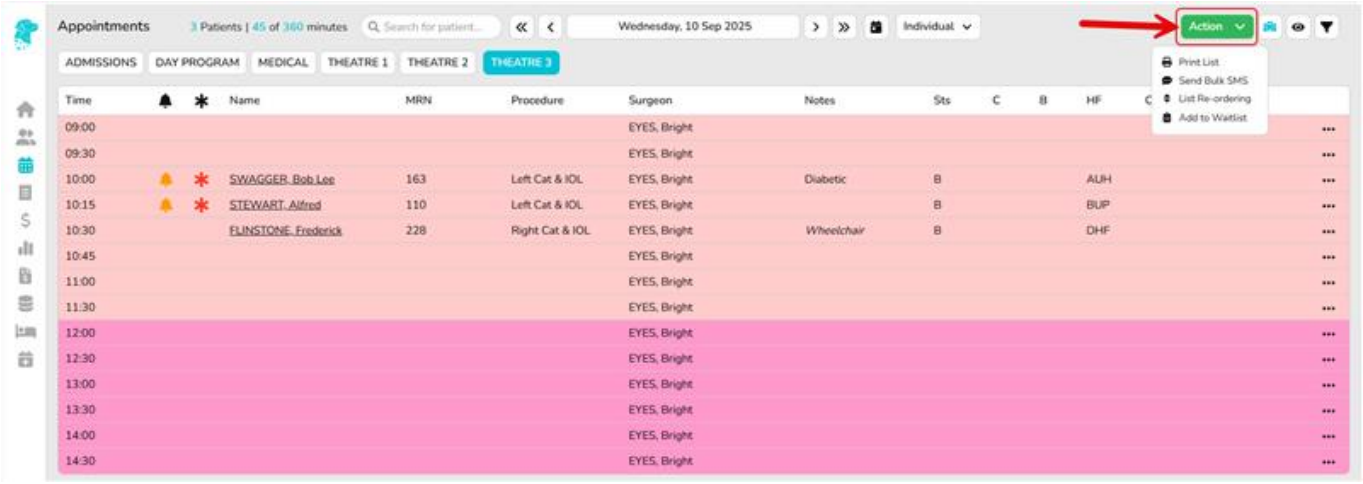
To view the **calendar**, click on the displayed date (e.g., **Wednesday, 10 Sep 2025**). The calendar will open, allowing you to easily select your desired date.



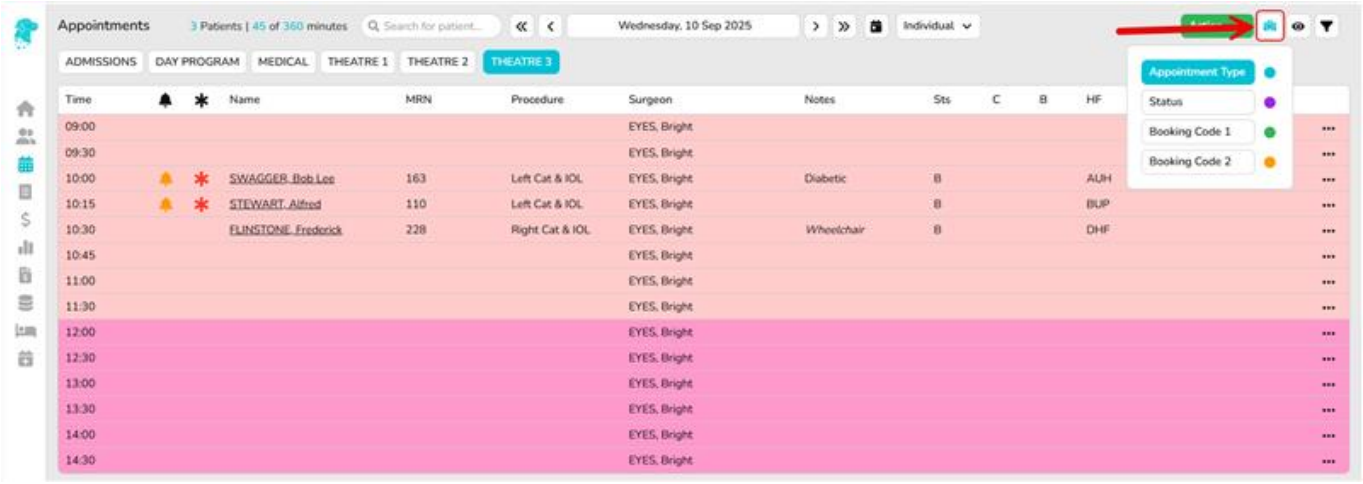
You can also use the arrows on either side of the displayed date to navigate forward or backward by **one day** or **one week**, making it easy to reach nearby dates.



To manage your daily tasks – such as **Printing Lists, Sending Bulk SMS Messages, List Re-ordering, or Adding Patients to the Waitlist**, simply use the green dropdown menu labeled **Action**.

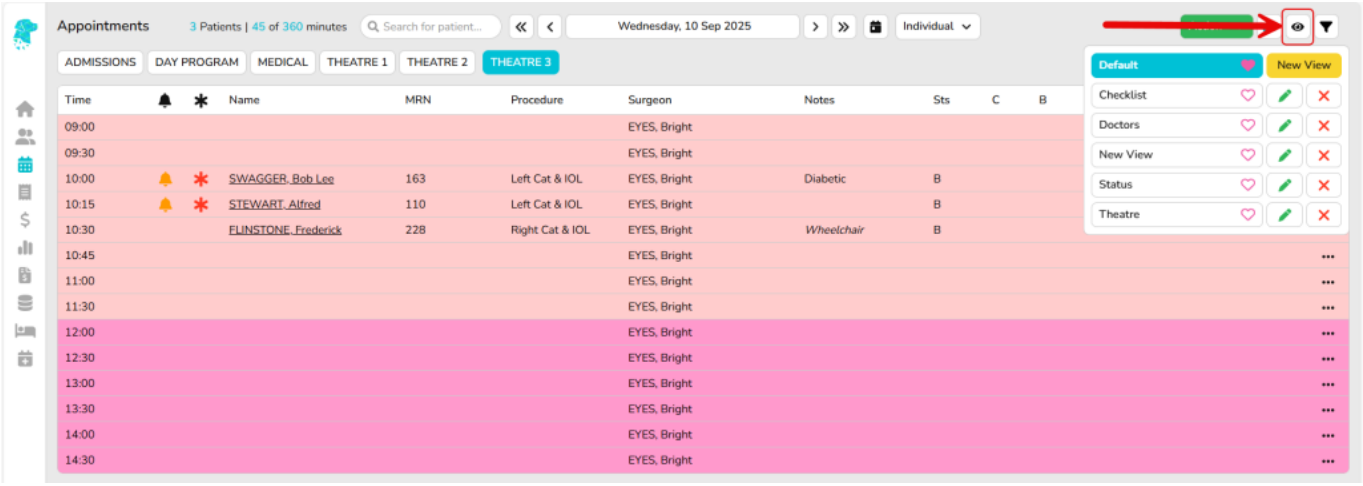


The next icon allows you to filter the view based on the specific hospital status.



The **eye icon** allows you to customize the view to meet the specific requirements of each hospital's department, displaying only the information relevant to you. For instructions on how to create these views, read our wiki page:

[Creating Custom Hospital Views in the Appointments Screen – FYDO Wiki]



Finally, the **filter option** provides four categories – **Based On, Location, Department, Doctors/Theatres,** allowing you to customize the view accordingly.

