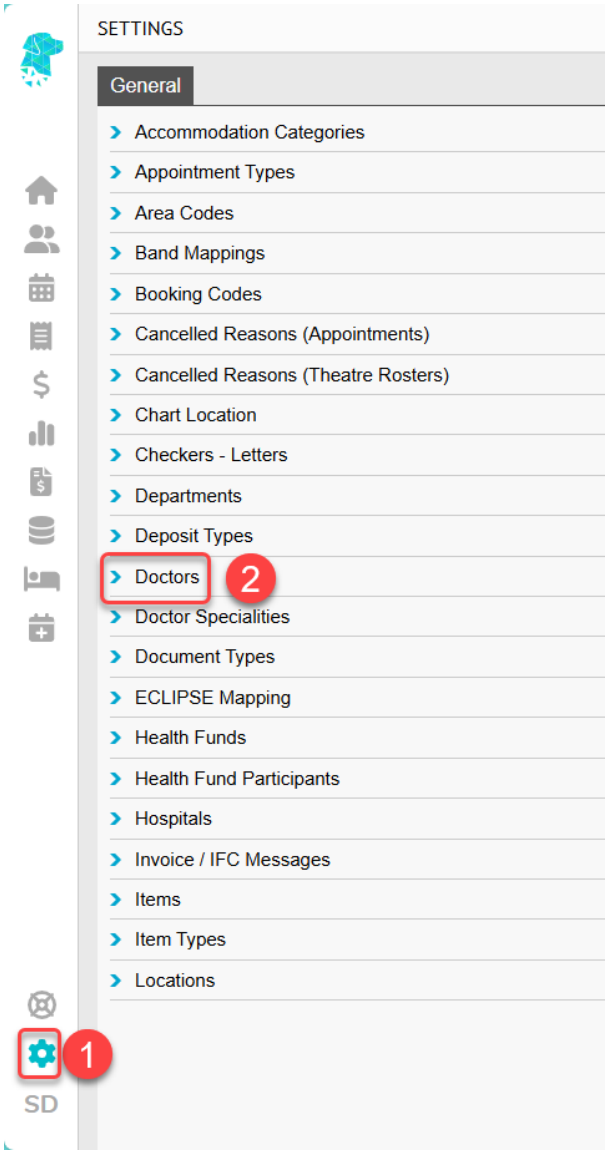
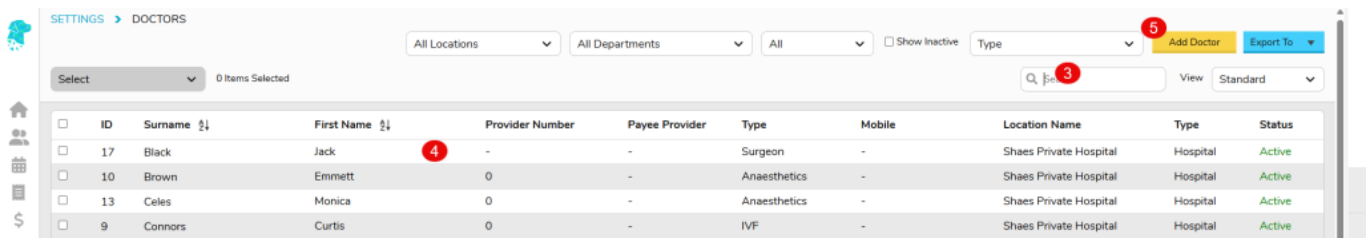
Adding or Editing Doctors – Hospital

Adding Doctors or Surgeons to FYDO can be easily done by a user that has the required access level.

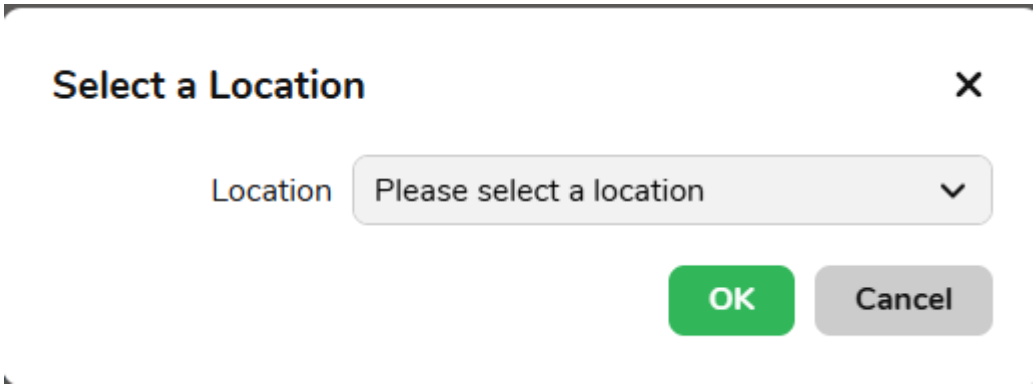
1. Navigate to **Settings**
2. Select **Doctors**



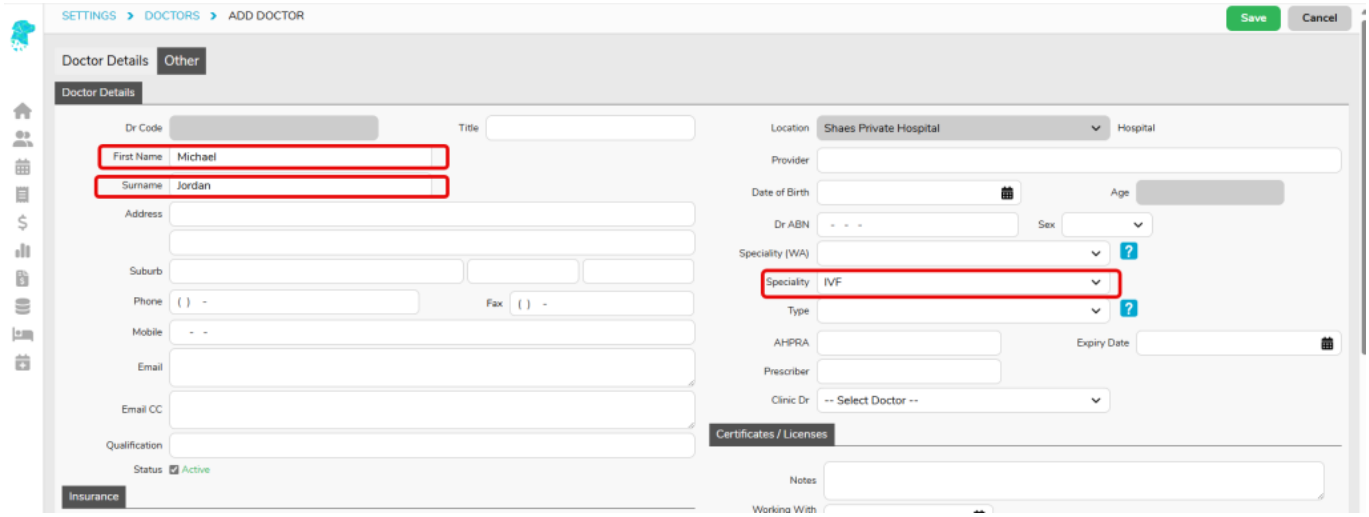
3. Use the **Search** field to find a specific doctor
4. To **Edit** a doctor already entered, simply **double click** on their line
5. To **Add** a new doctor select **Add Doctor**



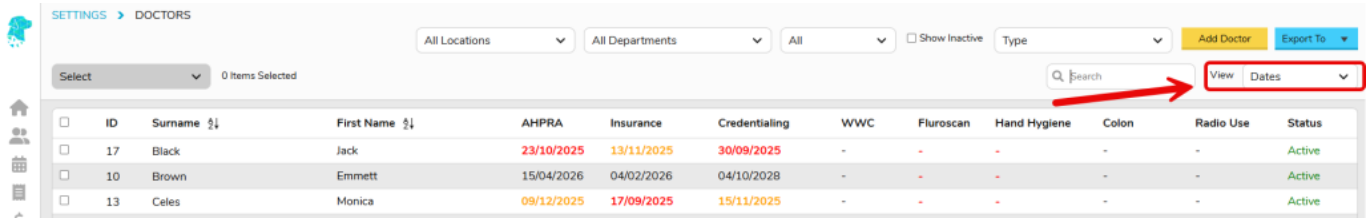
6. For **multi-location** databases, you will be required to select the **Location** that the doctor is to be added to.



7. Minimum details required to add a doctor are **First Name, Surname** and **Speciality.**

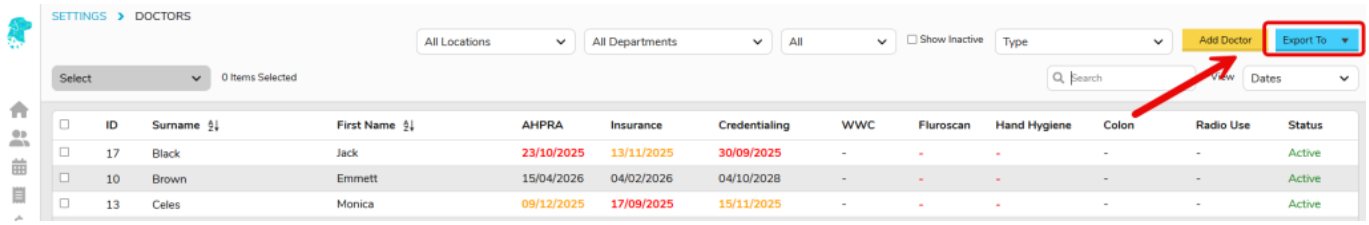


8. Add in as much information as you would like. *Provider numbers can be required for data extract and claiming purposes.*
9. Doctors assigned the **Speciality** of **Anaesthetics** will be displayed in the **Anaesthetist** field throughout FYDO and won't be admitting doctors.
10. All other Specialties *(including customised ones, added by the facility)* will be included in the **Doctor/Surgeon** dropdowns in FYDO.



FYDO gives the option to view all the doctor's expiry dates for **AHPRA, Insurance** and **Credentialing**. These dates can by displayed by selecting **View > Dates.** These dates are colour coded to allow easy identification if they are expiring soon:

– [redacted]
– [redacted]
– **Black Date > Not due to expire for over 3 months**



Users are able to export the Doctors List to Excel or PDF if required.

SMS Automation in FYDO

Stay connected with your patients effortlessly with the new **Automated SMS** feature in FYDO!
This feature allows you to automatically send SMSs to patients before and after their admissions, at timeframes that work for you!
– Need to send patients their admission times? Done.
– Need to remind patients to complete their Admission Form? No problem.
– Want to send a Post-Discharge follow-up or request feedback via a Patient Survey? It’s all possible!

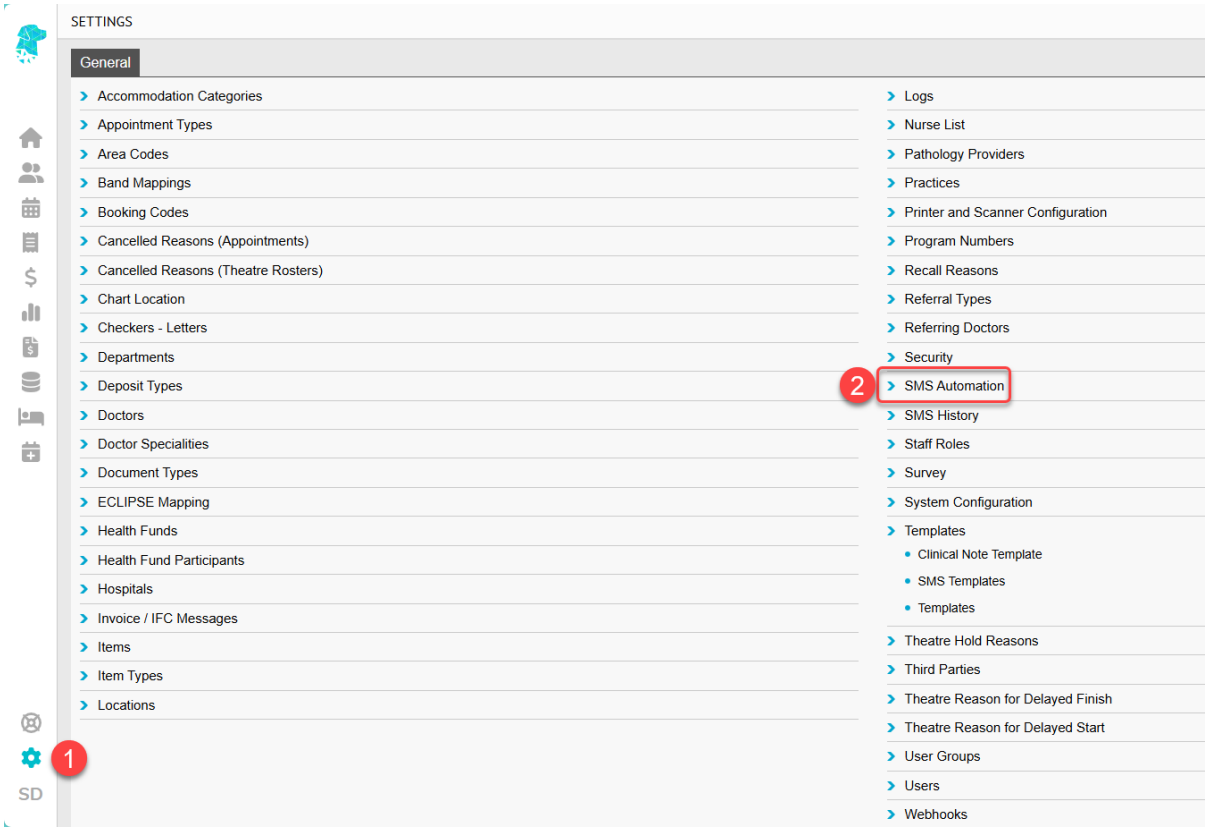
[redacted]

[redacted] support@alturahealth.com.au [redacted]

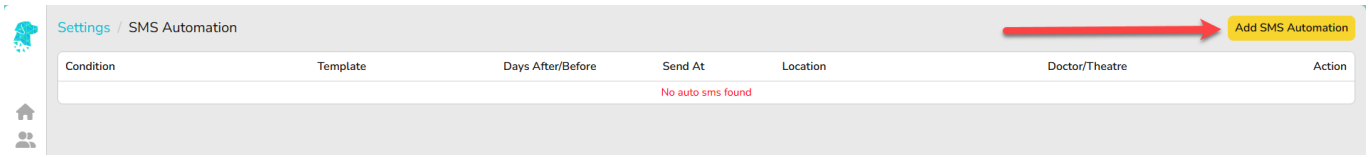
To start using the **Automated SMS** feature, here’s what you’ll need to have in place:

- **An SMS Account:** You’ll need an SMS account set up in FYDO. If you’re not sure whether you already have one, contact our team.
- **SMS Templates:** You’ll need to set up SMS Templates. Detailed instructions are available on our Adding SMS templates – FYDO Wiki
- **SMS Automation:** Once your templates are ready, you’ll need to set up SMS Automation in the FYDO Settings. Let’s walk through that now!

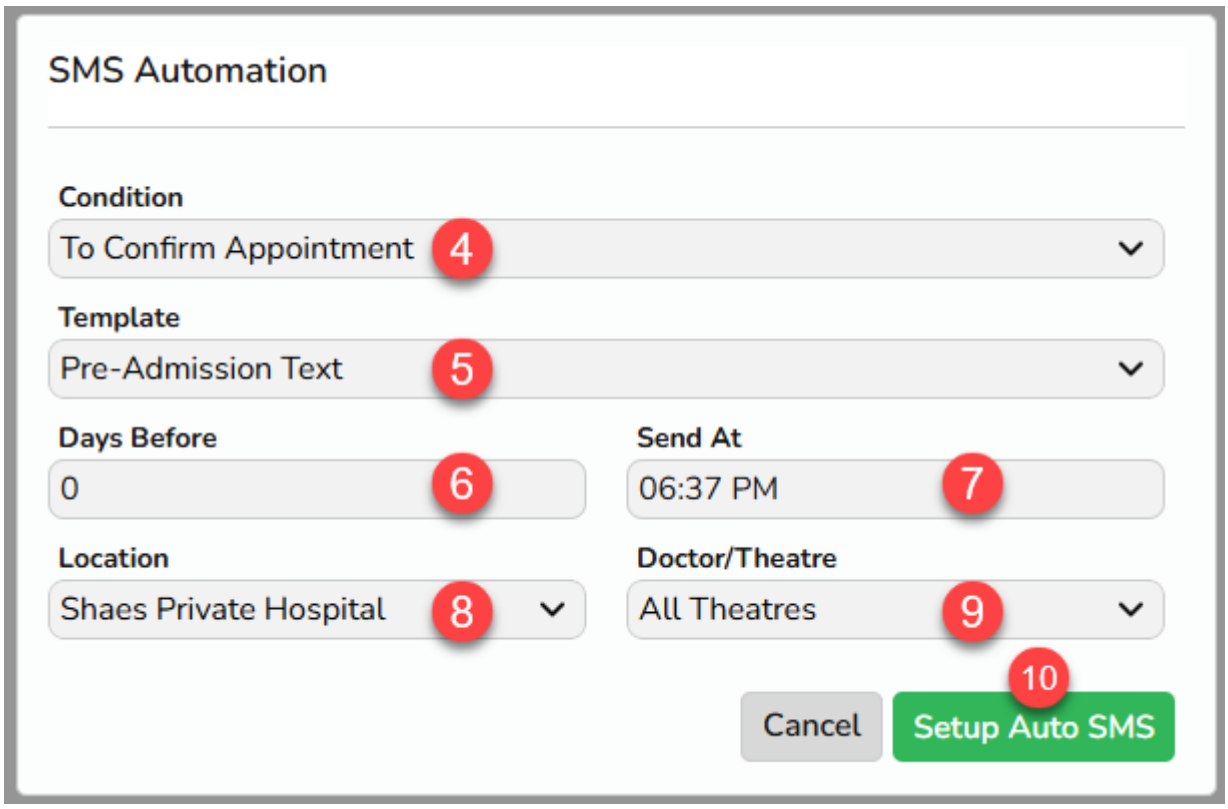
1. Navigate to **Settings**
2. Select **SMS Automation**



3. Click **Add SMS Automation**

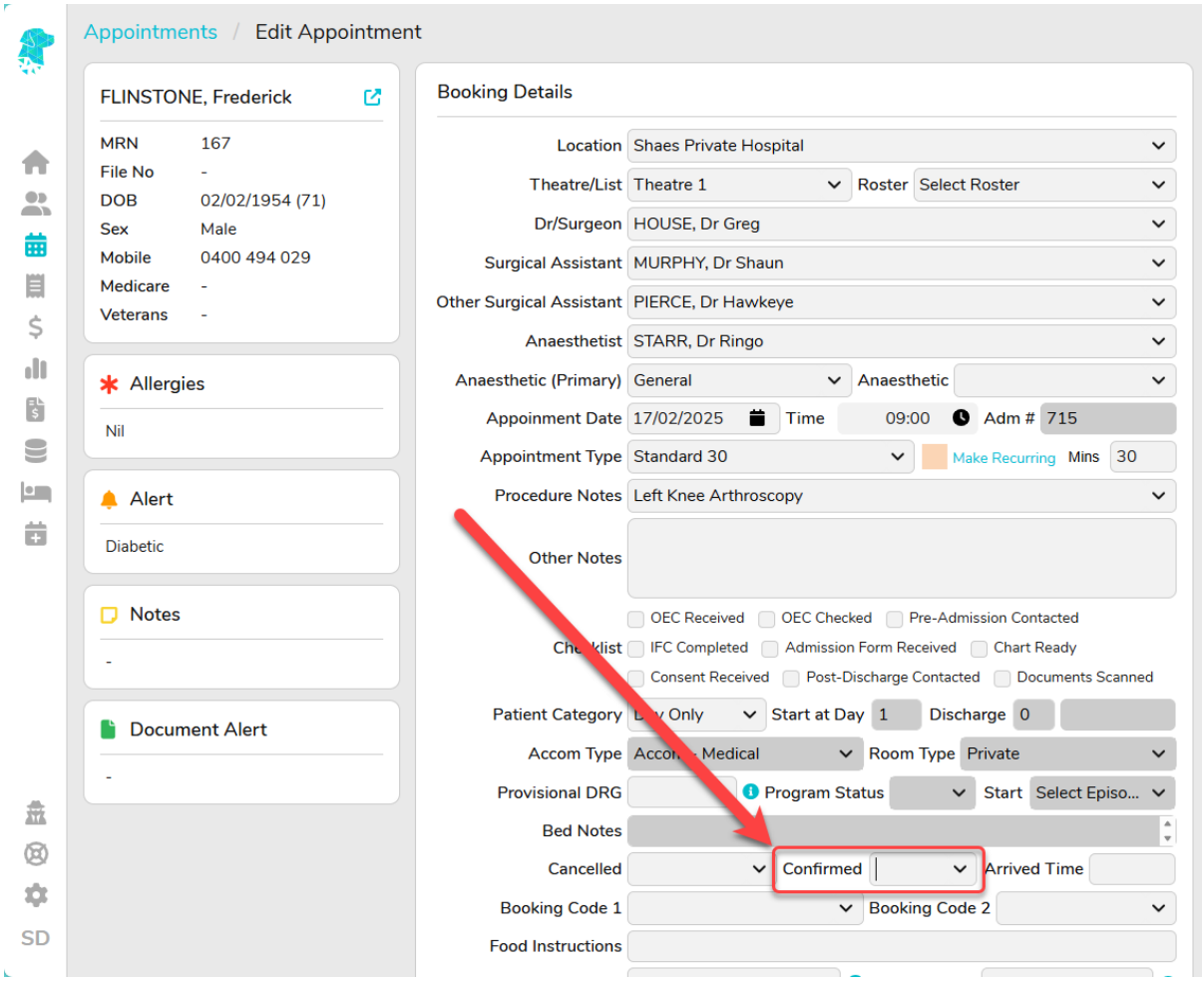


4. Select the **Condition.** *(We will go into detail on each of the **Conditions** later in the instructions and explain what field in FYDO governs their status)*
5. Select the required **Template**
6. Select the **Number of Days Before** or **After** the episode that you'd like the SMS to be sent
7. Select the **Time** that you'd like the SMS sent
8. Select the **Location** for Multi-Location databases. *(Single location databases will not need to amend this field)*
9. Select the specific **Theatre** if this Automated SMS is only going to apply to one. Otherwise leave the selection as **All Theatres**
10. Click **Setup Auto SMS**



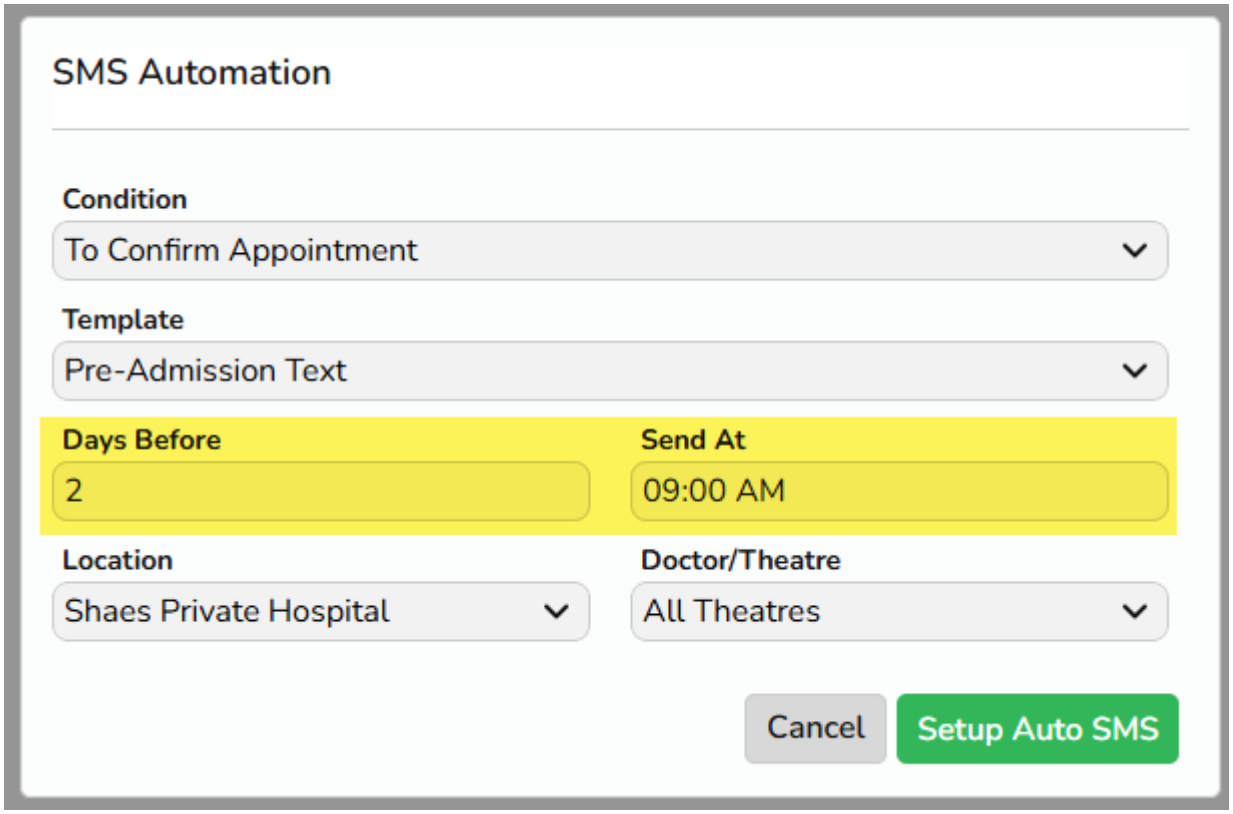
To Confirm Appointment

This type of SMS automation is triggered by the **Confirmed** field in the **Edit Appointment Screen** of each episode. When the Automated SMS Condition is set to **To Confirm Appointment** this field will be checked before sending, to ensure the message is only sent to appointments that haven't been confirmed yet.



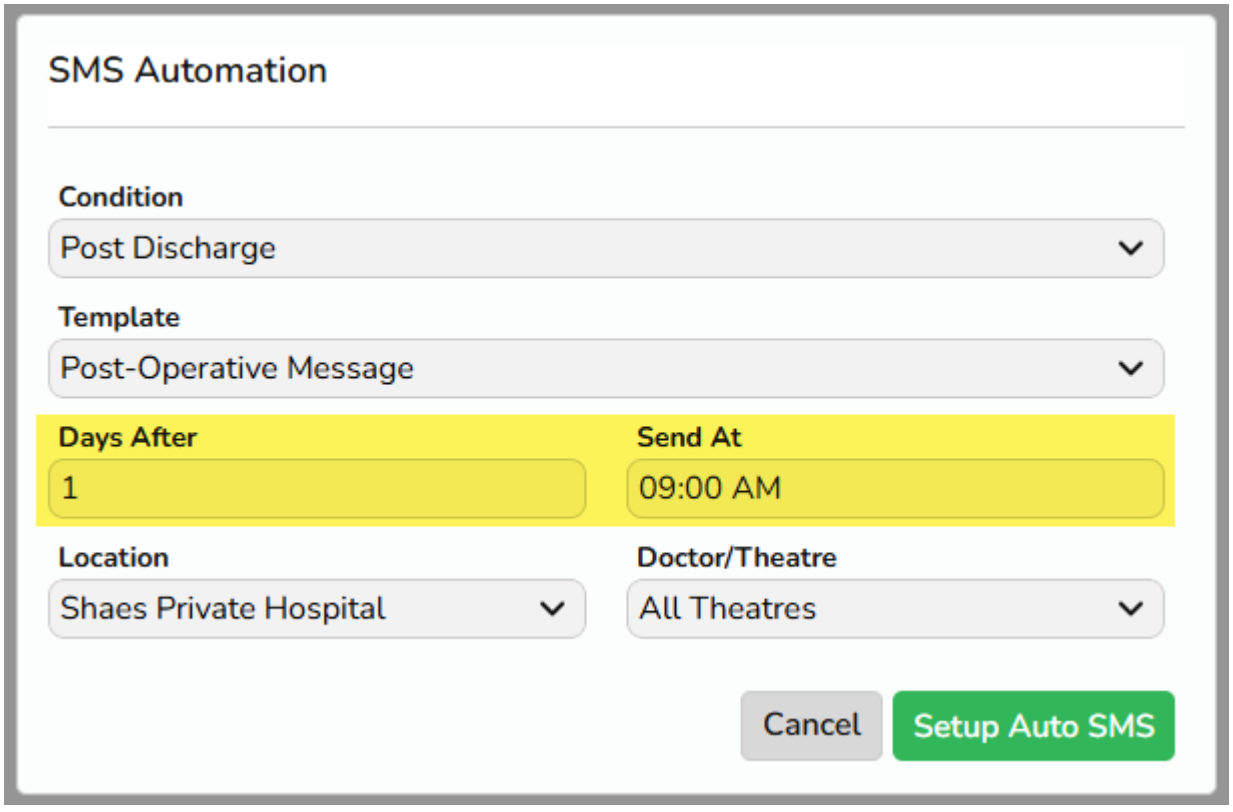
For example, the automated SMS feature will check for appointments scheduled in the next two days that haven't been confirmed. It will send the selected SMS template at 9am.
For the below example, let's say today is Monday:

- The system will check all appointments scheduled for Wednesday and send the SMS to those without an entry in the **Confirmed** field.
- FYDO will also scan for any late additions to appointments within the two-day window to ensure these patients also receive the SMS.



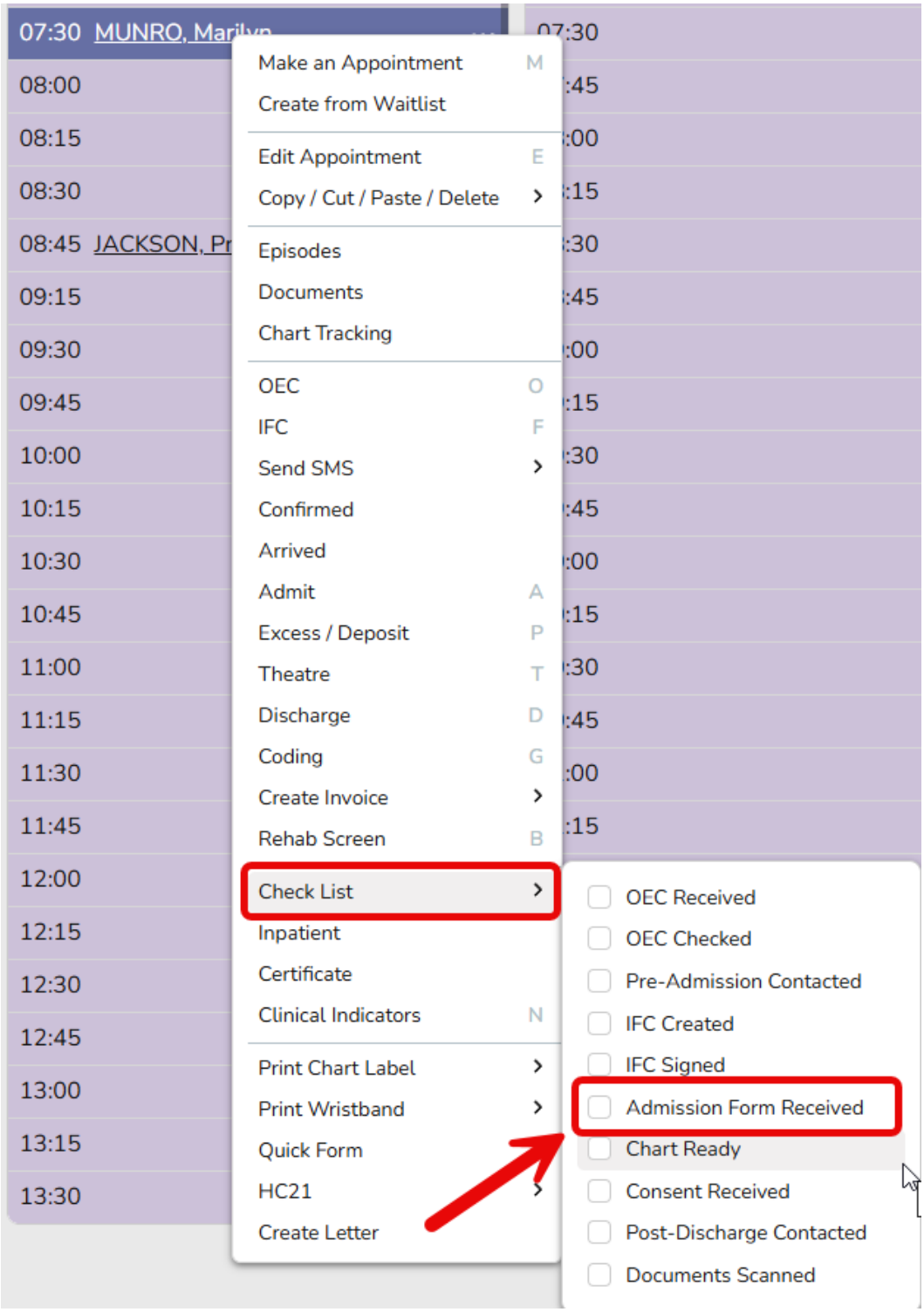
Post Discharge

This SMS automation is based on the **Discharge Date.** Once an episode is discharged, the SMS will be sent at the designated timeframe **after** the discharge date.
For example, if today is Monday and a patient is discharged at 1pm, they will receive the automated **Post Discharge SMS** one day after their discharge date. In this case, the SMS will be sent on Tuesday at 9am.



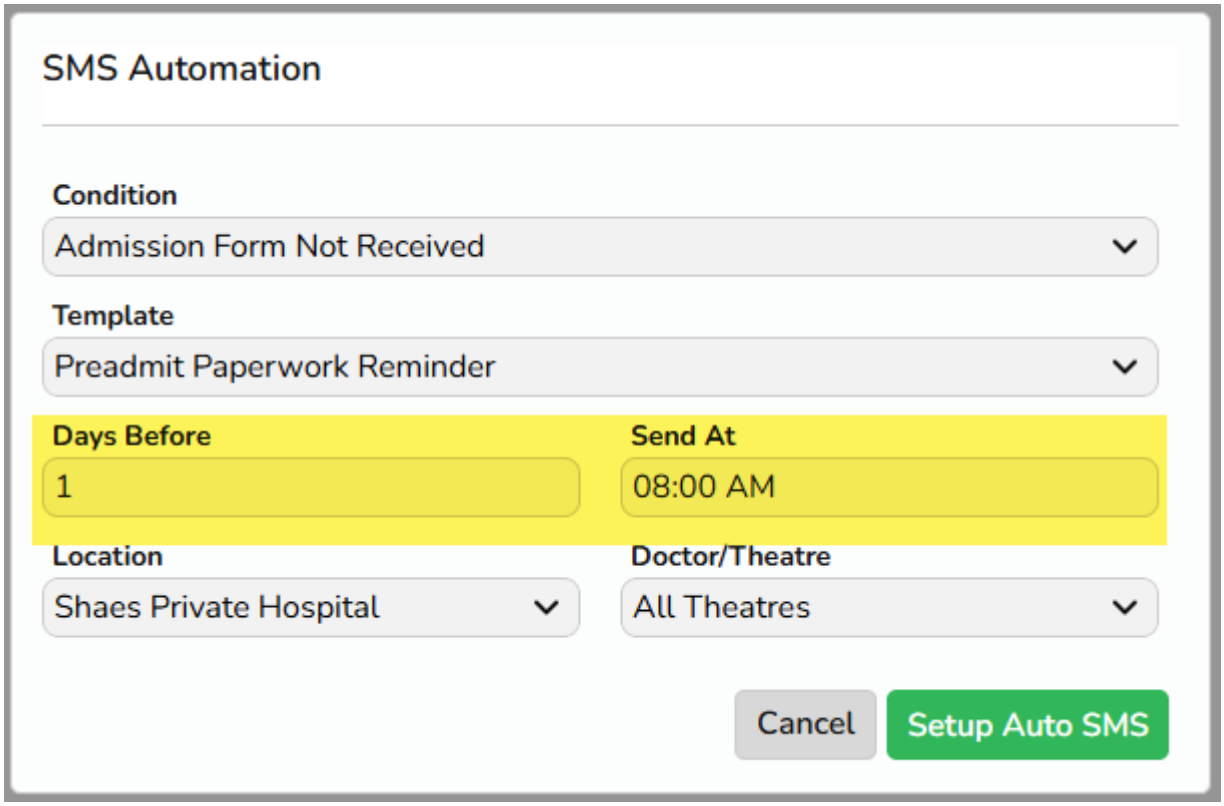
Admission Form Not Received

This automated SMS is triggered based on the **Admission Form Received** Check List item. If the checkbox is marked for a patient's admission, they will not receive the automated SMS. This means the SMS will only be sent to patients who have not yet completed their admission form!



With the check box now automatically ticked when patients completed Online Preadmit Paperwork is committed, following up with patients who still need to complete this task has never been easier!

For the below example, if a patient is booked for Monday, they will receive their **Admission Form Not Received** reminder on Sunday at 8am, the day before their scheduled admission.

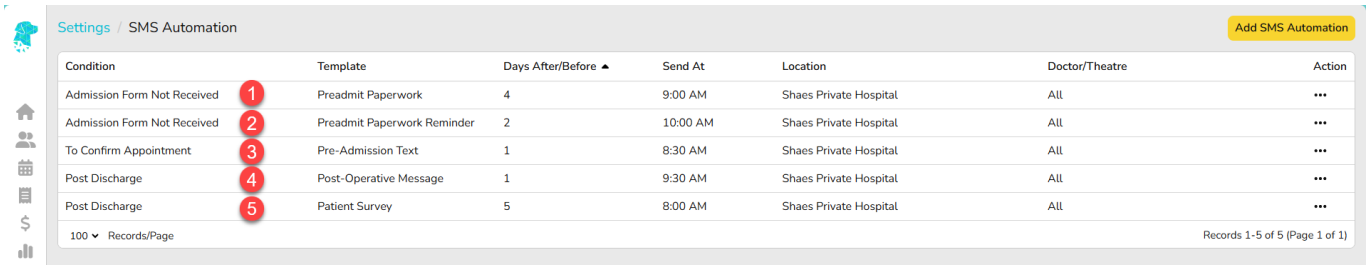


Keep in mind, you can set up **multiple SMS Automations**! So, if you want to remind patients every day until they submit their admission form, you can easily do that!

[redacted]

[redacted] support@alturahealth.com.auy [redacted]

Let's look at a demo setup for streamlining patient communication! Automating these SMS reminders can really help improve patient engagement and reduce the administrative burden on staff. Here's an example of how it can work and why it's effective:



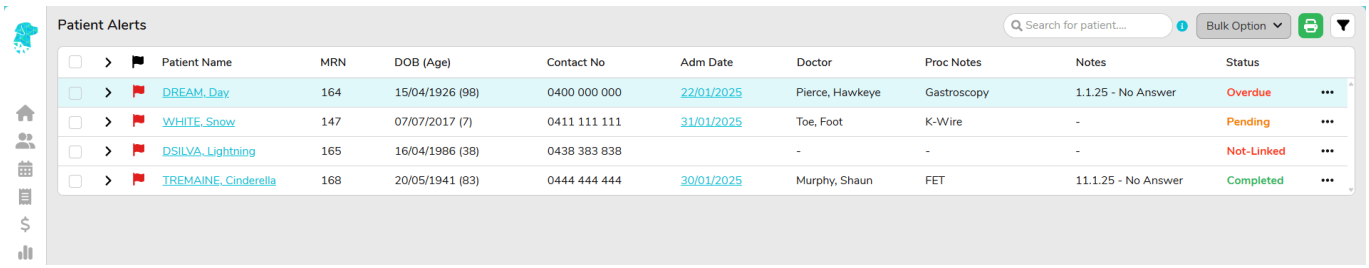
1. **Online Pre-Admission Form Link (4 days before admission)**
   This gives patients a head start in completing their required paperwork. The fact that it only contacts those who haven't already submitted the form is a great way to avoid unnecessary follow-ups and potential annoyance for patients who are already on top of their forms.
2. **Follow-Up Reminder for Admission Forms (2 days before admission)**
   A reminder just before the deadline to submit the form ensures that those who missed the first notification get another nudge, but again, it avoids bothering anyone who's already completed the form. A gentle follow-up can help improve compliance.

3. **Pre-Procedure Confirmation (1 day before admission)**
   This is crucial for making sure patients are prepared with all the details – admission time, fasting instructions, what to do when they arrive, and appointment confirmation. It helps patients feel more confident and organized the day before their procedure.
4. **Post-Discharge Check-In (1 day after discharge)**
   Checking in on patients after they leave the hospital can show that you care about their recovery, making them feel supported and giving you an opportunity to catch any concerns early. Helping you meet your post-discharge obligations.
5. **Patient Survey Link (5 days post-discharge)**
   Asking for feedback via a patient survey is a great way to gather insights on their experience and identify any areas for improvement. Giving them a little time to settle into their recovery before asking for feedback might result in more thoughtful responses. Automating this follow up ensures all patients are given the opportunity to participate in providing feedback.

Patient Alerts – with Preadmit & FYDO

[redacted]

Patient Alerts is a new feature in FYDO that displays a list of high-risk patients and their associated conditions, helping you address potential issues before admission.



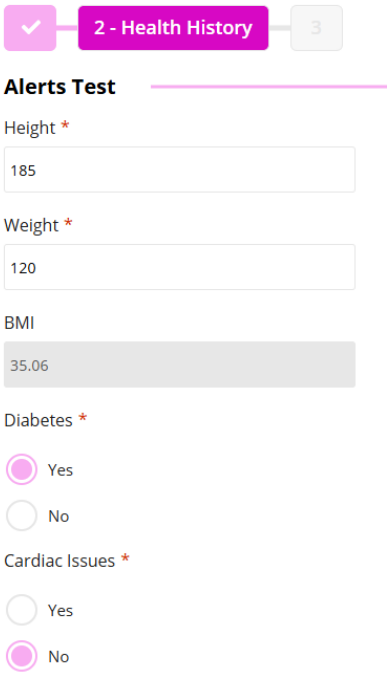
[redacted]

Patient Alerts are configured within your hospital's Preadmit Portal:

- **You decide which questions to ask the patients.**
- **You determine the criteria that triggers a Patient Alert.** For Example:
  - BMI over 30
  - The patient indicating they have diabetes
  - Family history of cardiac issues

- **Patients answer these questions online** while completing their Preadmission Questionnaire.
- **Any high-risk responses are flagged** and displayed [redacted] for

immediate review.



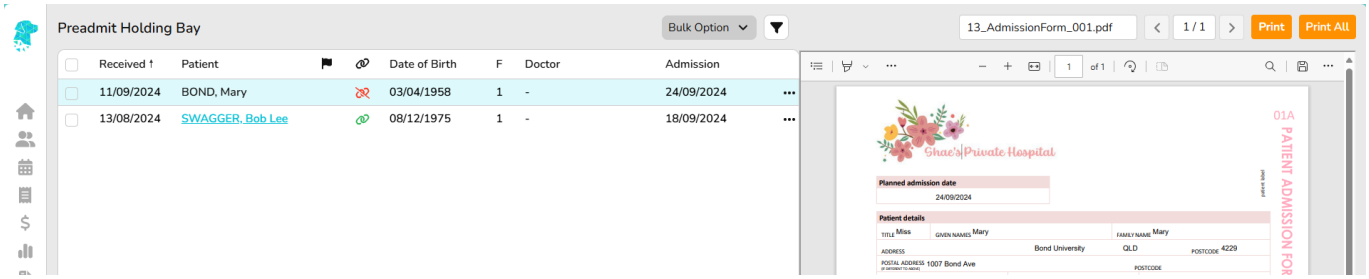
[redacted]

Patient Alerts streamline the preadmission process by enabling hospitals to gather critical information effortlessly and early:

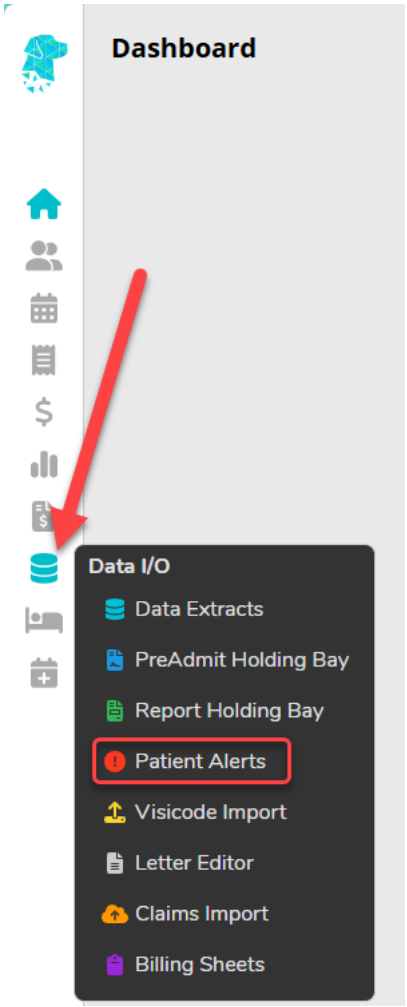
- **Convenient for patients:** Patients can complete the questionnaire at a time that suits them, rather than waiting for a nurse's call.
- **Time-efficient for Clinical Staff:** Reviewing patient responses online reduces the need for lengthy phone calls.
- **Proactive consultation:** Doctors and anaesthetists can be consulted about high-risk cases BEFORE speaking with the patient, minimising the need for follow-up calls.

[redacted]

1. Continue using your existing **Preadmit Portal Link**
2. Patients complete the online questionnaire **at their convenience**, and responses are sent directly to **FYDO**
3. **Link** and **Commit** preadmit forms as usual. *(Instructions available here)*

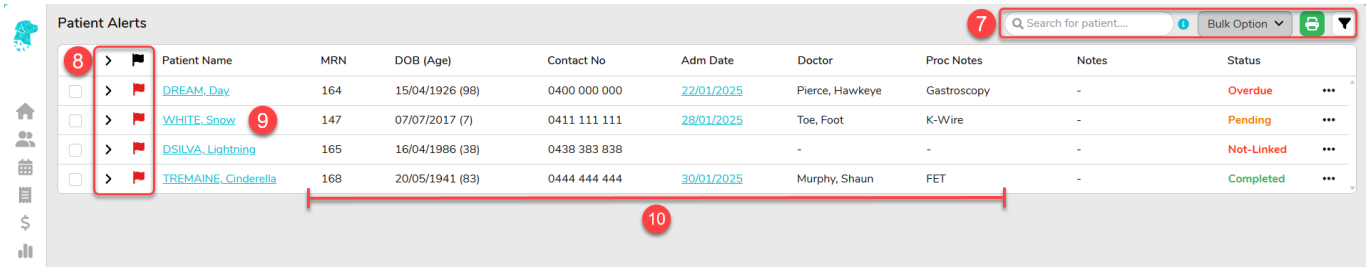


4. **Responses without alerts** are attached to the patient's FYDO file under **Documents.**
5. **High-risk responses** are displayed in the Patients Alert for review by Clinical Preadmission Staff.
6. To access the Patient Alerts Screen, navigate to **Data I/O** and select **Patient Alerts**.



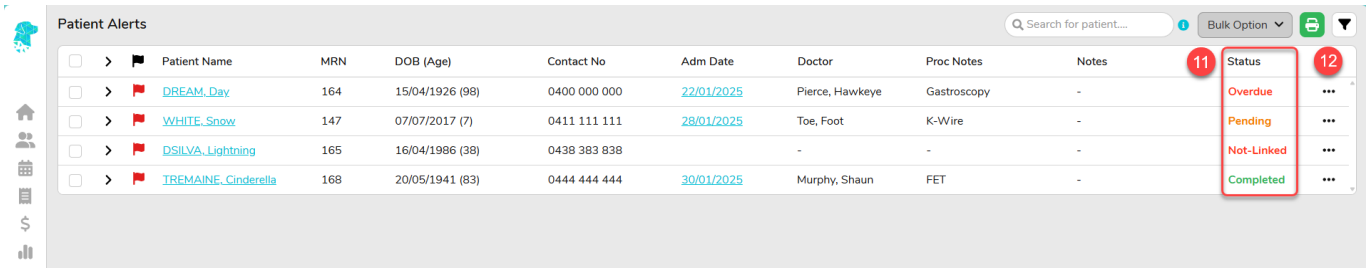
7. **Key Features of the Patient Alerts Screen** include the top-right menu which allows users to:

a. **Search:** Find specific patients quickly.
b. **Print** a screenshot of the page
c. **Filter:** Based on their **Status**



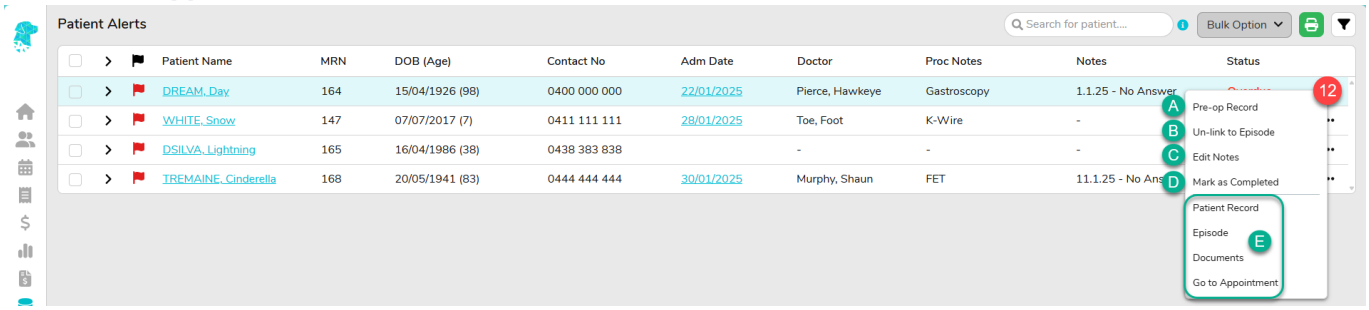
8. **Arrow** or **Flag** icon will display the high-risk triggers.
9. **Patients Name Link:** Go directly to the Patient Details Screen.
10. **Important Information:** Regarding episode and patient can be viewed.
11. The **Status** indicates what action is require for the patient:

    a. **Overdue:** Admission Date is in the past.
    b. **Pending:** Linked to a current episode but not yet completed.
    c. **Not-Linked:** Not linked to any episode.
    d. **Completed:** Actioned and removed from the default view *(can be filtered back in if needed, as shown in step 7.c. above).*



12. The menu, on the right, gives users a number of options, including:

    a. Create a **New Letter**.
    b. **Link** or **Un-Link** alerts to an Episode.
    c. Adding or Editing **Notes** shown on the Patient Alerts Screen
    d. **Mark as Completed** once the entry has been actioned
    e. Navigate to related screens, such as **Patient Record, Episodes Screen, Documents Screen** or **Appointments.**



[redacted]

It is so easy to get started! Our team will take care of the entire setup process for you, ensuring that Patient Alerts integrate seamlessly into your workflow. With everything handled by us, you can focus on providing the best care while benefiting from improved communication and efficiency.

Contact us today!

Email: preadmit@alturahealth.com.au
Phone: (02) 9632 0026

[redacted]

We are continuously improving FYDO, and the new Patient Alerts feature is no different! Upcoming enhancements include:

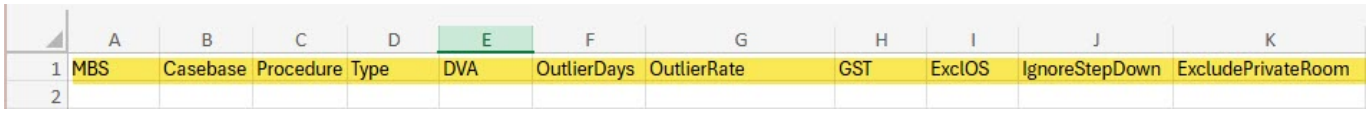
- **Permission/Access** Level for the screen.
- Automatically mark **Pre-Admission Contacted** when entry in Patient Alert screen is completed.
- Add the option to show the **Flags** in **Custom Views** on the Appointments Screen.

Hospital Health Fund Fees – Importing Casebase Fees

FYDO now has the option to import Casebase Fees from an Excel file.
It is important to note that the file must be an Excel file and must be set out in the same way as the sample template below. There is also a link below to download a blank template:

Casebase Fee Import Sample

[redacted]



	A	B	C	D	E	F	G	H	I	J	K
1	MBS	Casebase	Procedure	Type	DVA	OutlierDays	OutlierRate	GST	ExclOS	IgnoreStepDown	ExcludePrivateRoom
2											

Column headings need to be:
A – MBS
B – Casebase
C – Procedure
D – Type
E – DVA
F – OutlierDays
G – OutlierRate
H – GST
I – ExclOS
J – IgnoreStepDown
K – ExcludePrivateRoom

The above layout reflects the content, and order of information, that is displayed on the Casebase Fees tab in FYDO.



If the file is not formatted in this way, with the exact column titles, the data will not be able to be imported into FYDO or will upload into the wrong fields.

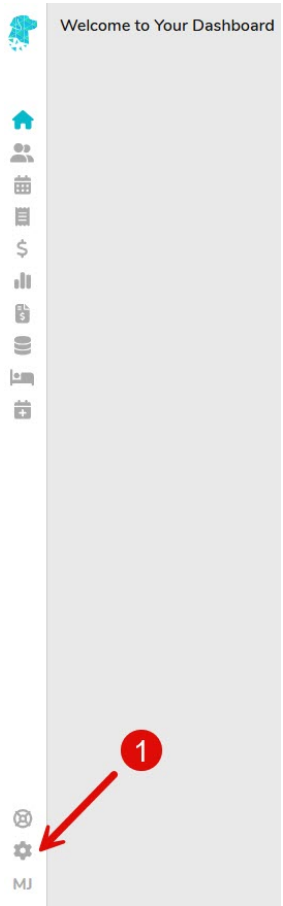
How to Format an Excel File for Casebase Fee Upload

Data from a Health Fund contract can be transferred into the relevant columns of the template, or a copy of a contract can be modified using the following steps:

1. Save a copy of the contract (do not edit the master copy)
2. Go to Casebase Fee tab or section in the contract
3. Remove any lines above the header table so that there is only one header row
4. Delete any columns that do not contain the required information as per the images above
5. Ensure the names and order of all columns and the header row match the template exactly

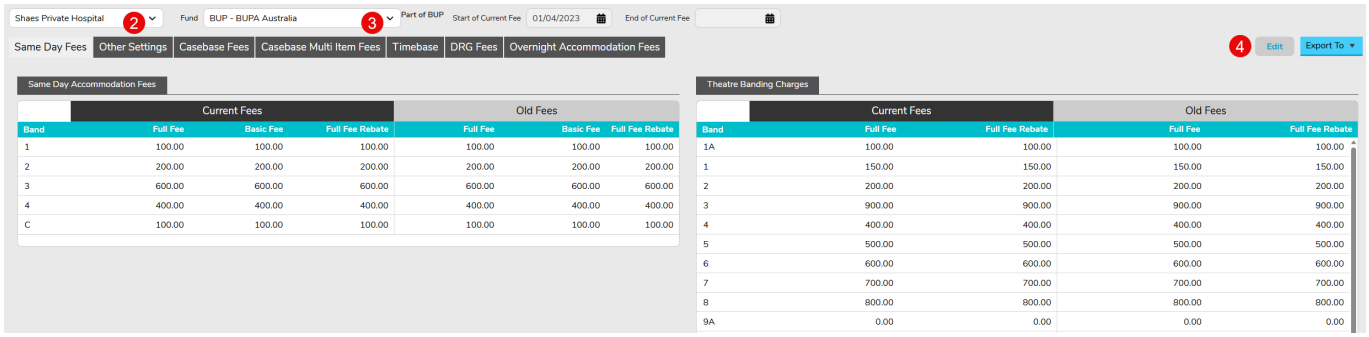
How to Upload Casebase Fee File into FYDO

1. Go to **Settings** & select **Fees Setup**

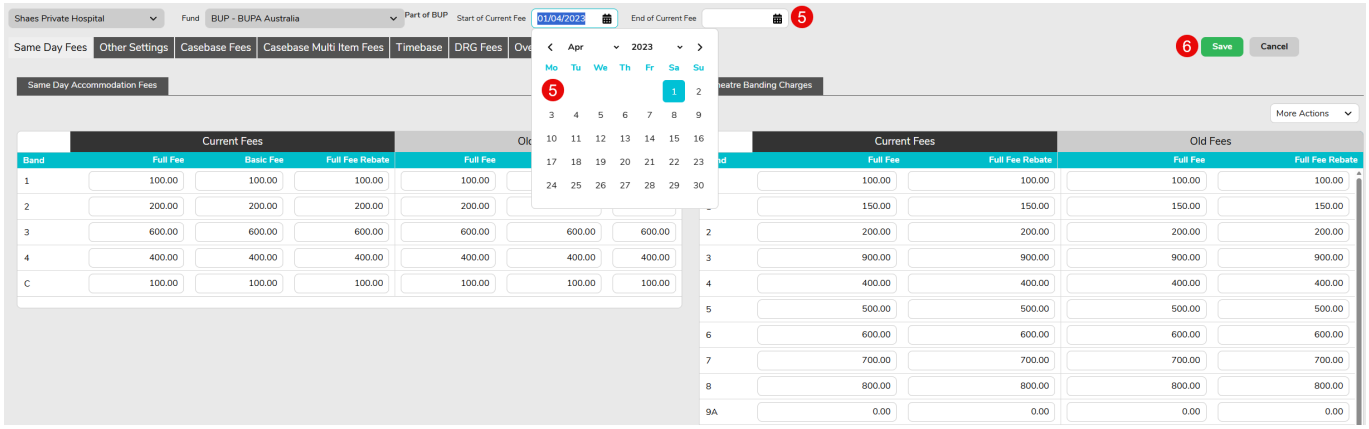


2. Choose your location from the dropdown menu (only applicable to multi-site users)

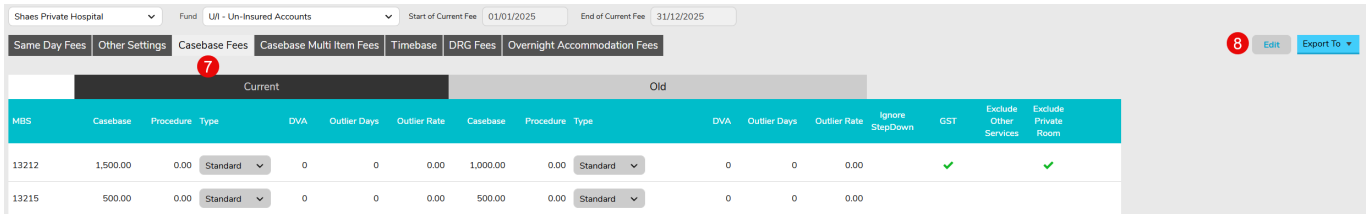
3. Select required **Fund**
4. Ensure **Same Day Fees** tab is selected and Click **Edit**



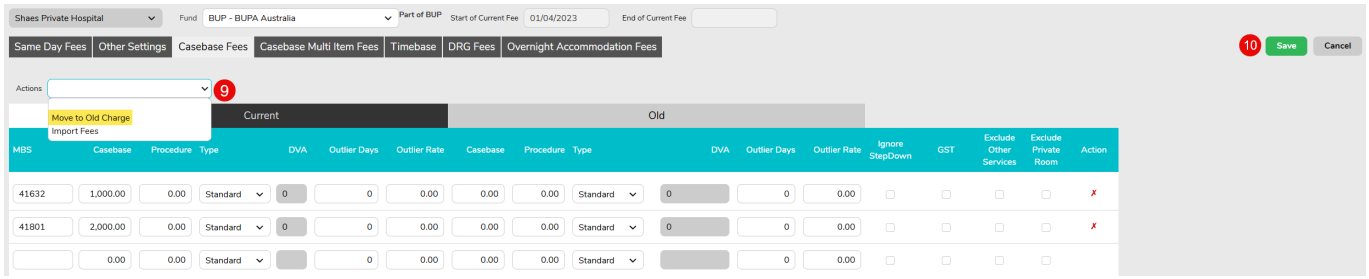
5. Update **Start of Current Fee** and **End of Current Fee** dates
6. Click **Save**



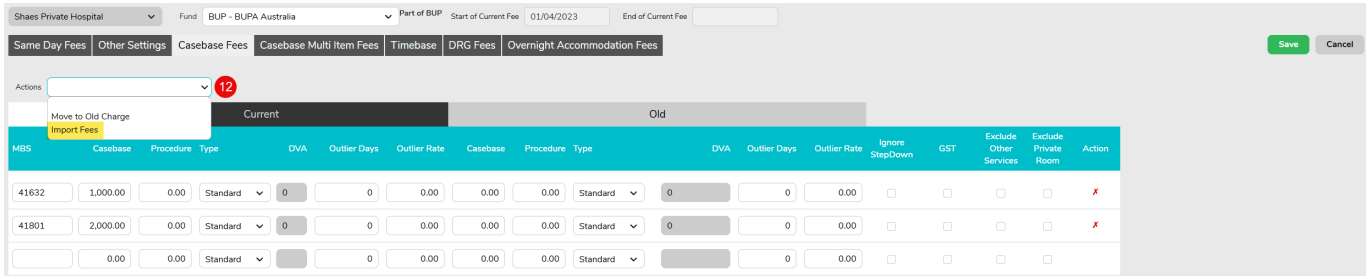
7. Click **Casebase Fees** tab
8. Select **Edit**



9. Open the **Actions** dropdown and select **Move to Old Charges** – *this step is optional, however it is recommended as it ensures that episodes prior to the new contract dates are billed at the appropriate rates, otherwise all unbilled episodes will be billed at the newly loaded rates*
10. Click **Save**

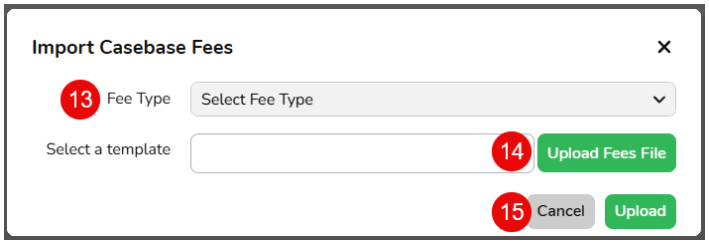


11. Click **Edit** again
12. Utilise the **Actions** dropdown again to select **Import Fees**



13. Click **Fee Type** and select **Current File**

14. Click **Upload Fees File** and locate the relevant Excel file to be uploaded
15. Click **Upload**



16. Casebase items and fees will populate into the Casebase Fees tab
17. Click **Save**
18. Select **Print** to print or download, then **conduct a spot check with the contract to ensure fees have populated correctly**

Note: If a Casebase item no longer exists in the new fees, but there was an old rate, the line will remain in the fees screen and Current will show as $0 (Old will show the previous rate). If a DRG has a zero-dollar balance under the Current fees AND the Old fees, FYDO will automatically remove this line from the fees page, as it is no longer required.

My Health Record (MHR)

This page is designed to guide your team through the process of connecting to My Health Record (MHR) via your FYDO account. It outlines the key steps to ensure a seamless integration, helping your hospital streamline the process of uploading of Discharge Summaries.

It will assist you in having everything needed for a smooth transition, allowing both staff and patients to benefit from a more connected healthcare experience.

Explore the page to ensure your team is ready for this important integration, and feel free to contact us with any questions at **(02) 9632 0026** or **support@alturahealth.com.au**

On the 28th of November 2023 we partnered with the **Australian Digital Health Agency** to present a webinar to our customers. This webinar provided essential information on the steps required for your hospital's integration with MHR.

Click the link below to access the slideshow from this presentation. It offers step-by-step instructions on tasks like **how to register a seed organisation, registering for PRODA, linking your Healthcare Identifiers to HPOS, registering your organisation for HPI-O, and more.**

Implementing My Health Record in a Private Hospital or Day Surgery Webinar

Additional information on how to register your organisation for My Health Record can be accessed here.

My Health Record Timeline

The Advisory AS18/11: Implementing systems that can provide clinical information into the My Health Record system outlines the timeframes for implementation of a system to upload Discharge Summaries to MHR.

As of January 2026, this advisory stated:

To comply with Actions 1.17 and 1.18, health service organisation must:

- *By June 2024, have developed a detailed plan that complies with:*
  – all requirements of Part 5 of the Rule;
  – user of national patient and provider identifiers (IHIs, HPI-Os, HPI-Is); and,
  – user of standard national terminologies.

- *By December 2024, have ongoing monitoring and evaluation of compliance with the requirements of Action 1.17 and 1.18.*

Accrediting agencies are required to:

- *Review evidence that:*

– From July 2024, the organisation has completed a gap analysis, has a detailed plan and the plan is being implemented
– From January 2025, the organisation has as system to monitor and evaluate compliance with Action 1.17 and 1.18.

- *Rate Action 1.17 as met, only if the organisation demonstrates achievement of the specific requirements of the Action in the relevant year.*
- *Rate Action 1.18 as met only if the organisation demonstrates embedded processes in accordance with the specific requirements of the Action in the relevant year.*
- *Rate Actions 1.17 and 1.18 as met with recommendations if there is evidence of a gap analysis and finalised plan endorsed by executive and the plan is being implemented and monitored (NB. where these requirements are met, these actions may be rated 'met with recommendation' for no more than one accreditation cycle).*

> **Action 1.17** states:
>
> The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that:
>
> a. Are designed to optimise the safety and quality of health care for patients
> b. Use national patient and provider identifiers
> c. Use standard national terminologies
>
> **Action 1.18** states:
>
> The health service organisation providing clinical information into the My Health Record system has processes that:
>
> a. Describe access to the system by the workforce, to comply with legislative requirements
> b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system

The information above outlines that, from January 2025, the health service organisation are expected to **works towards implementing** systems capable of providing clinical information to MHR. Additionally, organisations must have **processes that**

- **describe access to the system** and
- **maintain the accuracy and completeness of information the organisation uploads**

What can you do to prepare for the MHR integration?

FYDO is now listed on the Australian Digital Health Agency's My Health Record Conformance Register, that can be found here.

Facilities can now upload Discharge Summaries to MHR through FYDO, provided they have completed the following steps:

- Registered their organisation and obtained their **HPI-O**. Added their HPI-O to FYDO by following the instructions found here.
- Collecting the individual **HPI-I's** of their doctors. Added the doctors HPI-I numbers to FYDO by following the instructions found here.
- Review **Advisory AS18/11** to conduct the required gap analysis and ensure a detailed plan, policies and procedures are in place and being implemented that align with the requirements.
- Contact us here at Altura Health to obtain our **CSP number** so that you can link your **HPI-O** to it.
  *Instructions on completing this can be found in **slide 51** of the MHR Webinar information pack here.*
- **Set required access levels** for all staff to Upload and Remove Discharge Summaries from MHR. This can be done by an authorised staff member from your facility by navigating to **Settings > User Groups.**

Additional instructional pages to assist with the uploading of Discharge Summaries can be found below:

Checking a patients Individual Healthcare Identifier (IHI)
Uploading a Discharge Summary from FYDO to MHR

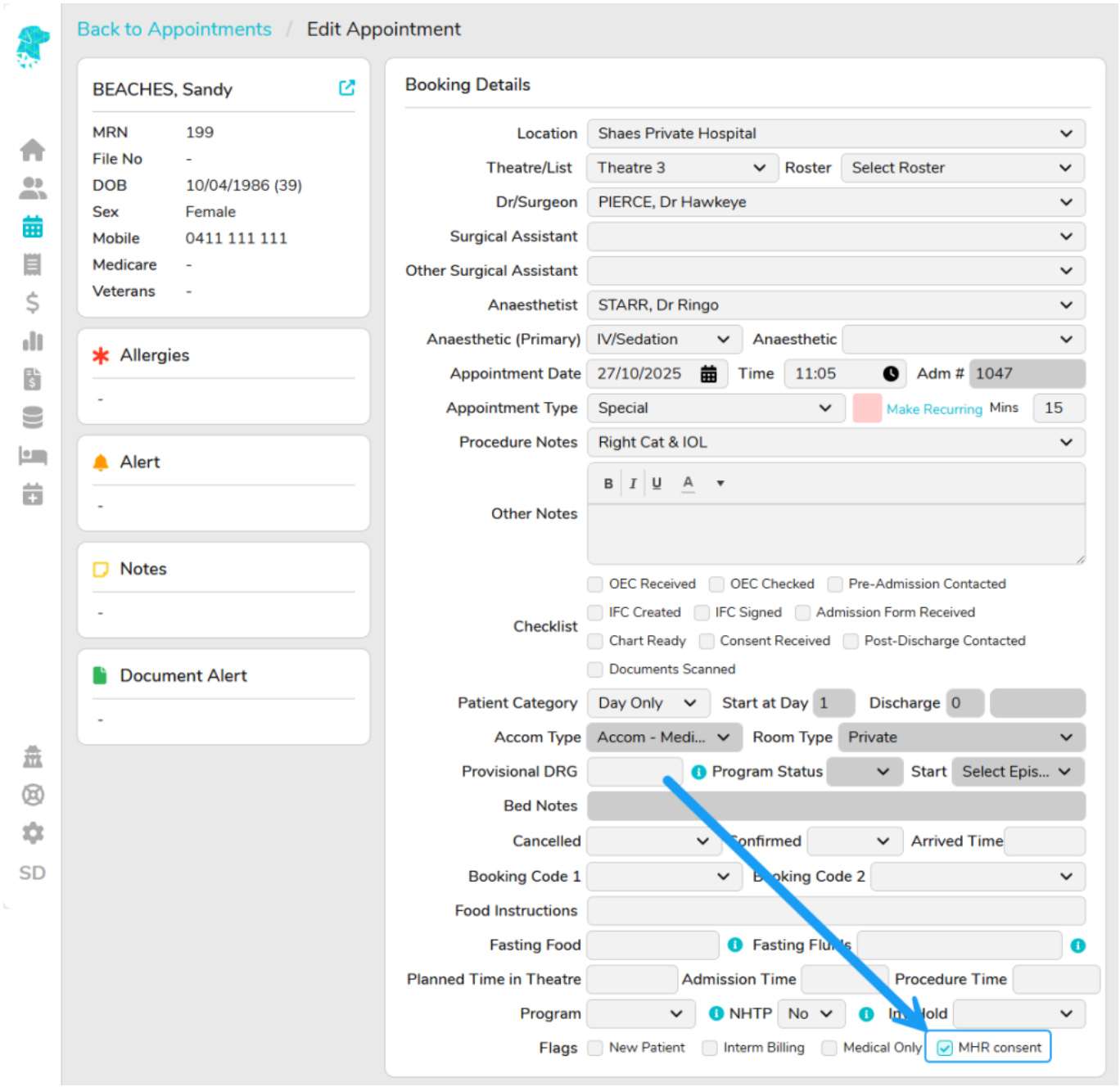
My Health Record – Uploading a Discharge Summary

Once your hospital is set up to upload Discharge Summaries to My Health Record (MHR), users will be able to follow these instructions in order to complete that task.
Removing Discharge Summaries will also be covered.

To upload a patient's Discharge Summary, ensure the **MHR Consent** box is selected in the associated appointment.

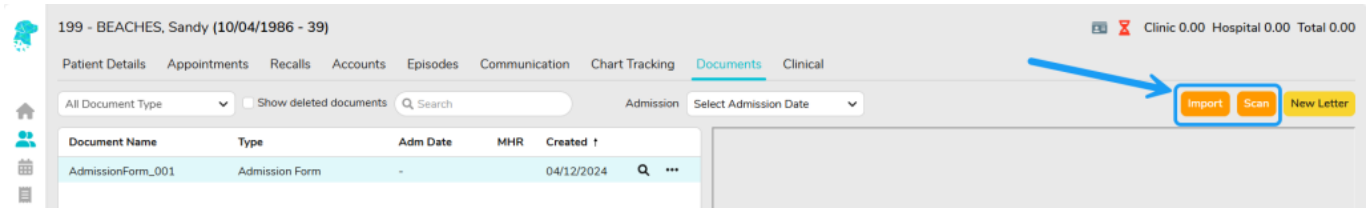
If the **MHR Consent** box is ticked on the patient screen, it will automatically be selected when the appointment is scheduled.

If the patient withdraws their consent for the Discharge Summary to be uploaded for a particular episode, the box on the **Edit Appointment Screen** should be unticked.



Once it is established that the MHR Consent box is ticked, navigate to the patient's **Documents**.

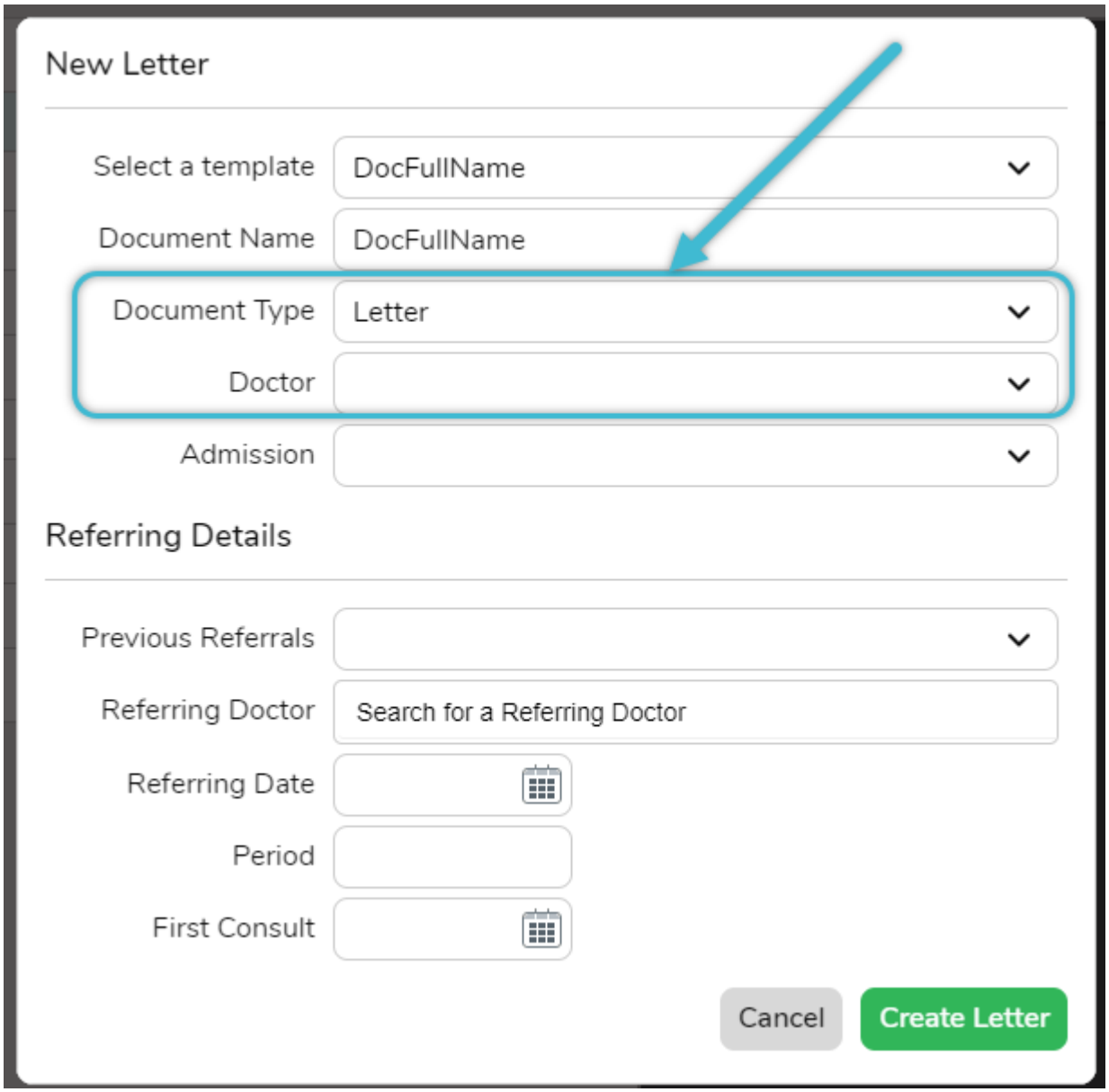
Utilise the **Import** or **Scan** feature to import a document into FYDO:



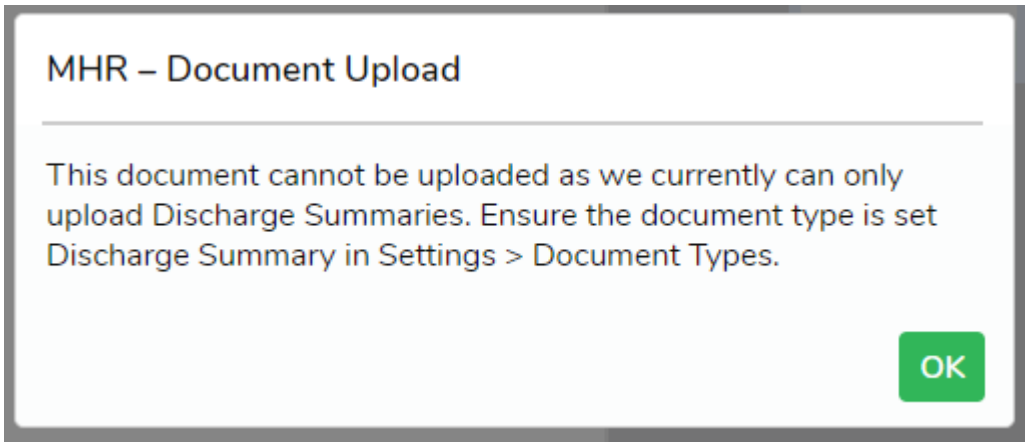
If you would like to use the **Create Letter** feature in FYDO to generate a Discharge Summary, do this from the **Right-Click Menu** on the **Appointments Screen** to ensure all episodic data is loaded into the document.

Ensure that the document is saved with a **Document Type** linked to **MHR Template > Discharge Summary (DISSU).** This may need to be set up for your facility in **Documents > Documents Types.** *(Reach out to our support staff for assistance with this)*

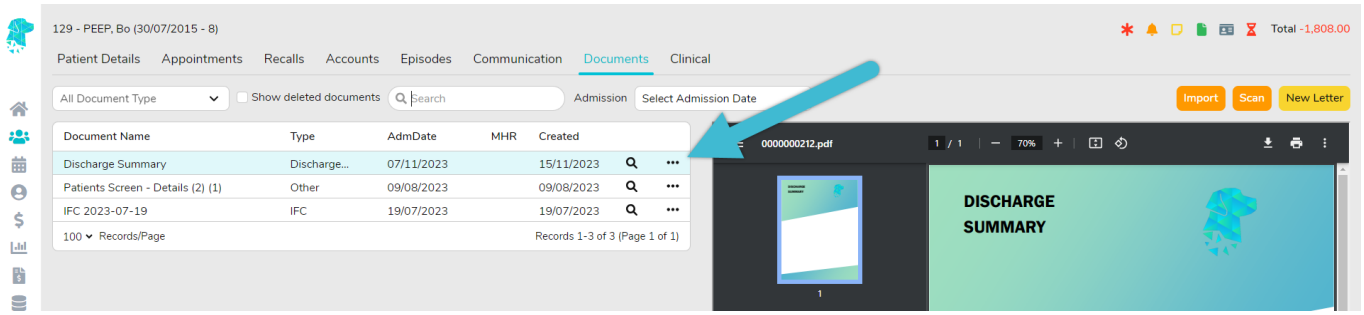
A **Doctor** with a successfully verified **HPI-I** will also need to be allocated.



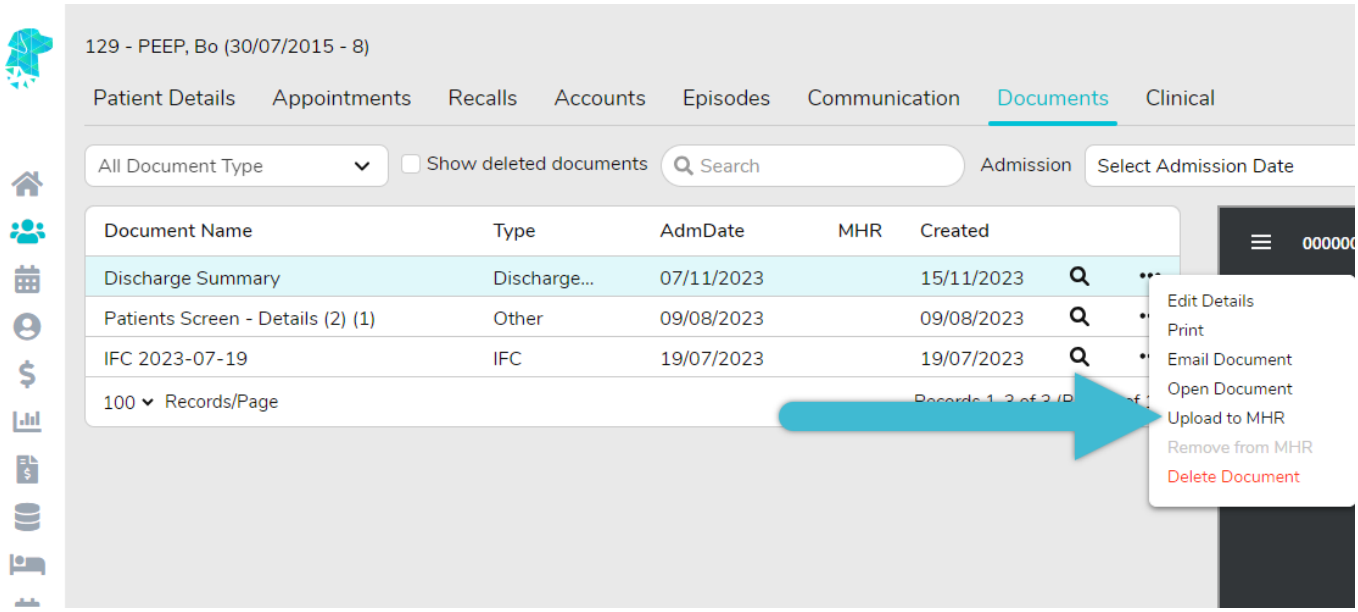
Attempting to upload a document that is not assigned a MHR Template type of 'Discharge Summary' will trigger an alert message. Only Discharge Summaries can be uploaded to MHR through FYDO.



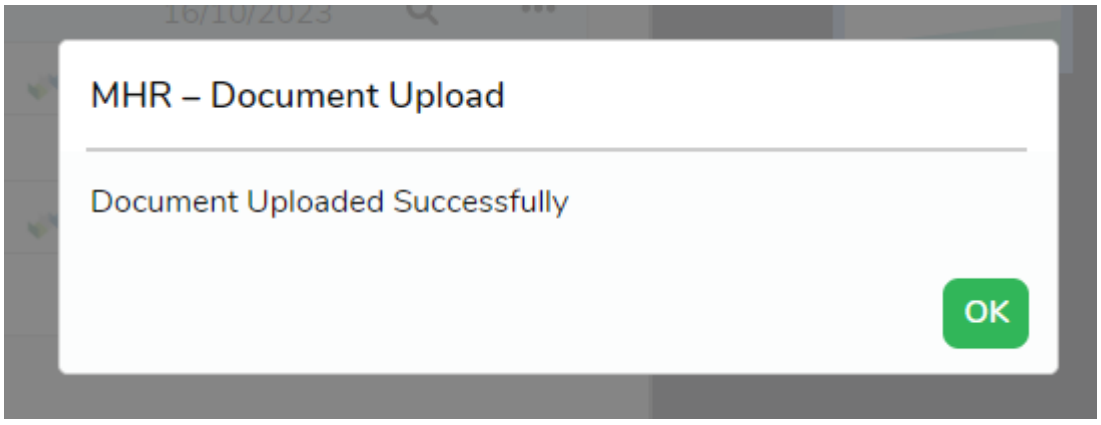
After the required document is uploaded, click the three dots to display the **Menu.**



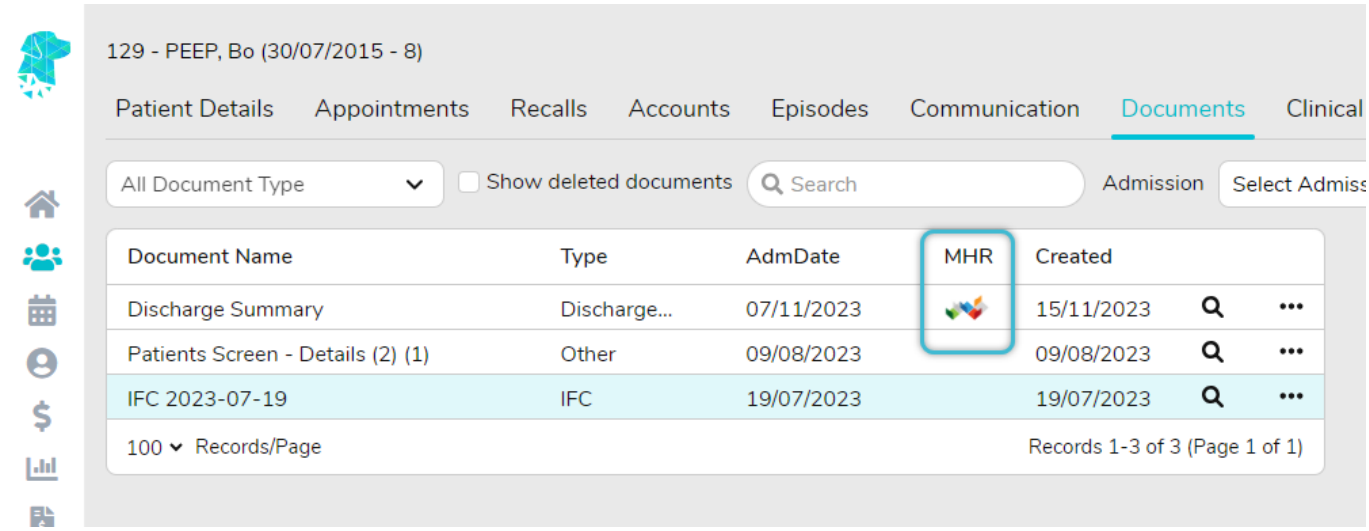
Select **Upload to MHR.**



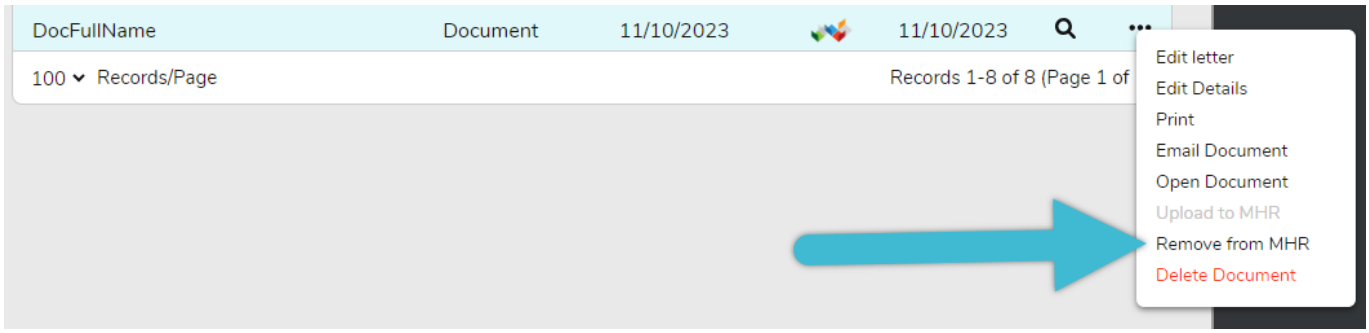
A confirmation message indicating a successful upload will be displayed.



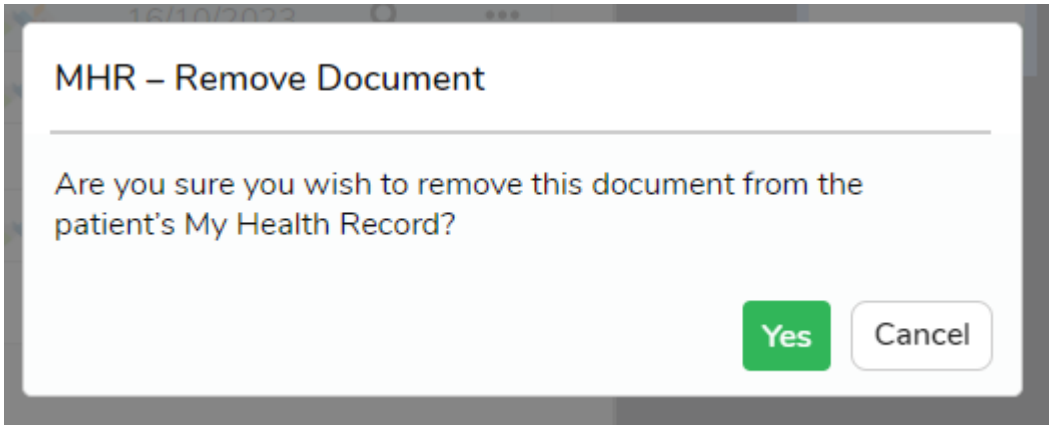
Documents that have been uploaded can be identified by the MHR symbol.



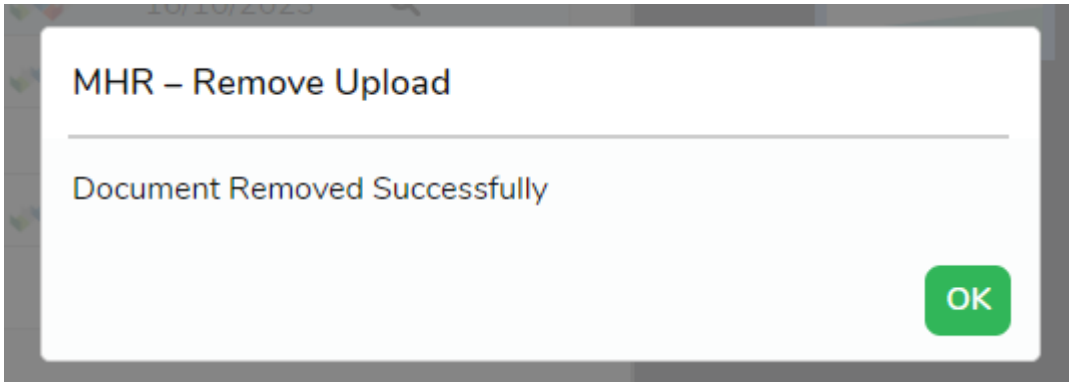
Documents can be **removed** from MHR by following the same process above and selecting **Remove from MHR.**



Confirm the removal by clicking **Yes**.



A confirmation of successful removal will 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.
Add your **doctors** HPI-I to FYDO here.
Check a **patients** IHI in FYDO here.

Hospital Data Extracts Reference Guides

Each month you will be required to submit data of patient discharges to various agencies. Each entity has its own reporting requirements surrounding the data it collects. Below are links to each of their websites' reference guides that stipulate what information is required for submission.

State health departments also require data. However, you will only need to submit data to the state the facility is located in.

PHDB (Private Hospitals Data Bureau)

HCP (Hospital Casemix Protocol)

QLD Health- QHAPDC

VIC Health – VAED

SA Health- APC

TAS

NT

WA Health- HMDS (formerly HA22)

- TCheck – Validation Tool

NSW – *No Website Available*
Email: MOH-phiscolive@health.nsw.gov.au

For more instructions on **Hospital Data Extracts Setup** visit our wiki page:
Data Extracts Setup

For more instructions on **Extracting Hospital Data from FYDO** visit our wiki page:
Hospital Data Extraction

For more instructions on **Re-Extracting Hospital Data from FYDO** visit our wiki page"
Re-Submitting a Hospital Data Extract

MYNT Billing – Guide for Hospitals

This guide has been prepared for FYDO Hospitals that are also MYNT Billing clients.

Invoicing

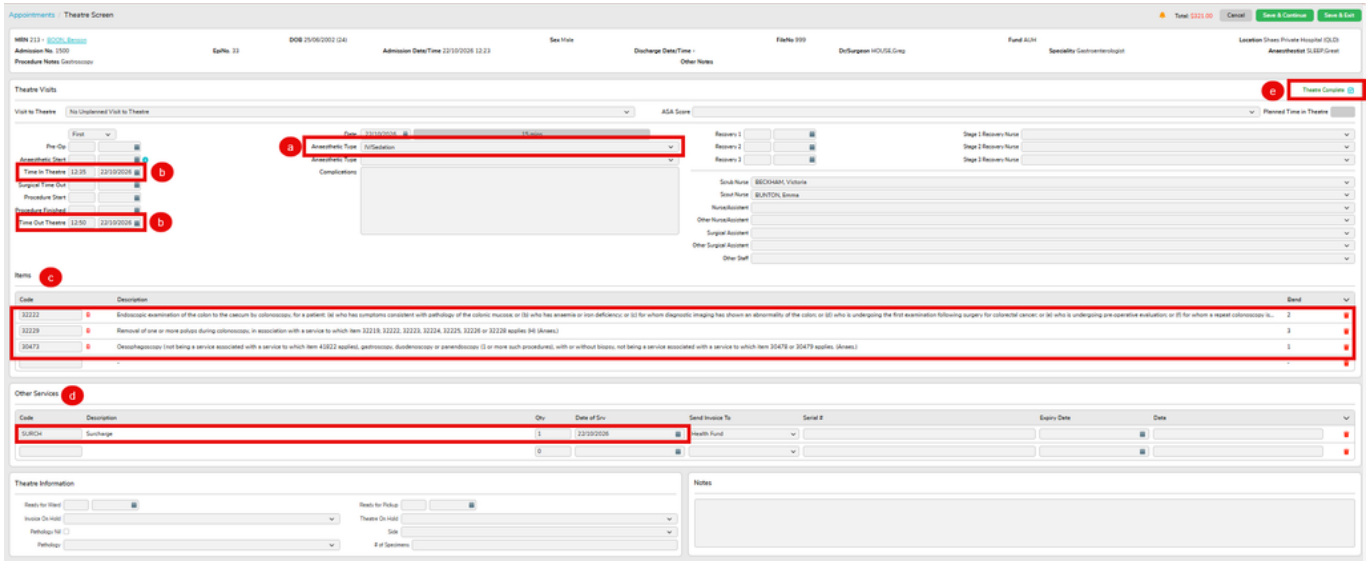
The MYNT Billing team will invoice your private health fund patients two to three times per week. Please note that this excludes uninsured, third party, Workcover and overseas patients (unless requested).

In order for the MYNT Billing Team to generate invoices, the following steps must be completed by staff at your facility:

1. Ensure the Episode Status is **Discharged**

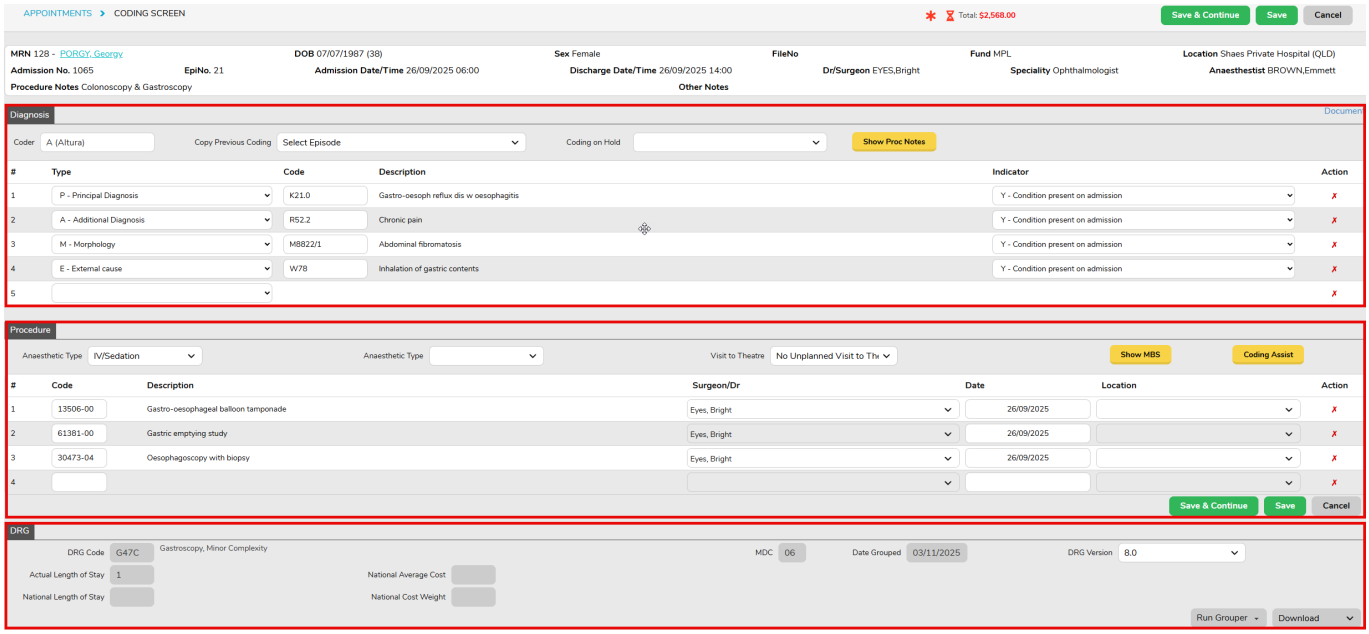
2. Complete Theatre Screen information accurately, including the following information at a minimum;

a. **Anaesthetic Type**
b. **Time In Theatre** and **Time Out Theatre**
c. Item numbers/**Code**
d. **Other Services**, if required, such as prostheses, disposables, surcharges
e. **Theatre Complete** tick box checked

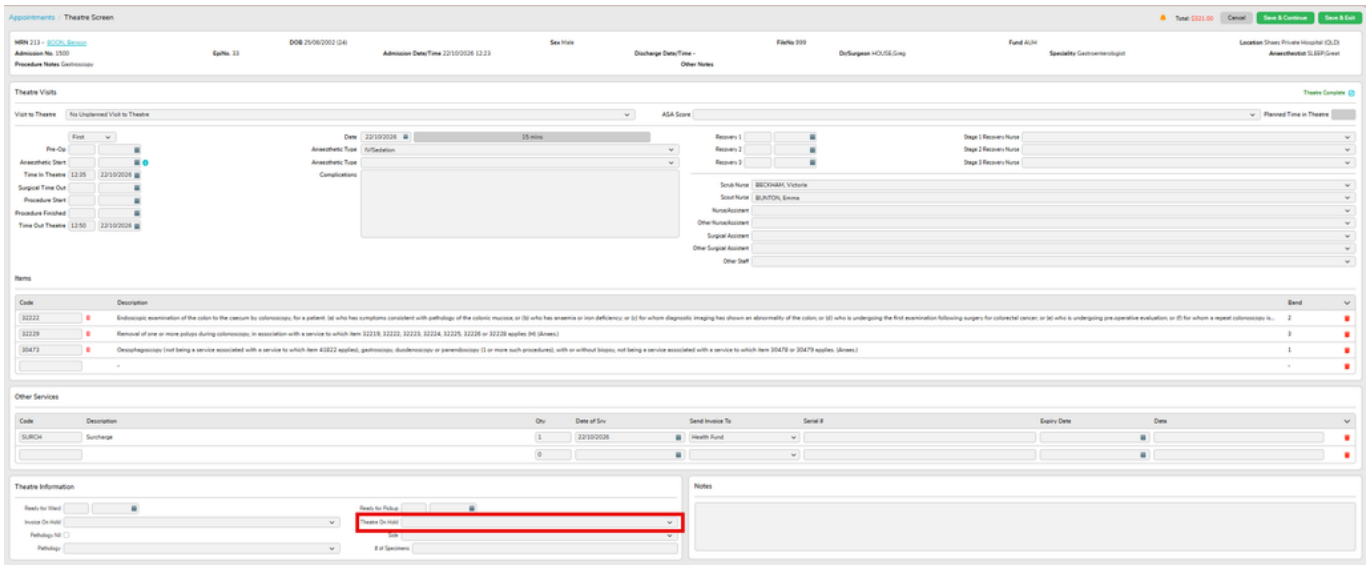


It is imperative that facility staff ensure the accuracy of this information, as the MYNT Billing team does not have access to medical records to verify.

3. Ensure Episode is Coded and Grouped, by completing the **Diagnosis**, **Procedure** and **DRG** sections in the Coding Screen – see [Hospital Coding – FYDO Wiki]



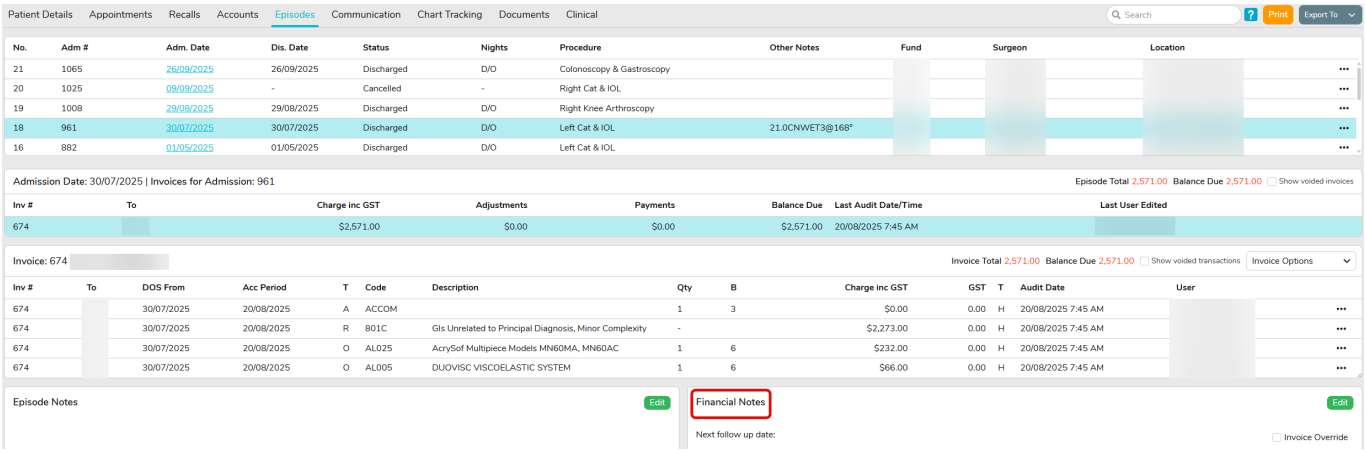
*For many disciplines, coding may be impacted by pathology results, or awaiting doctor verification of items performed. If coding is on hold, please designate a **Theatre on Hold** reason (e.g. Pending Pathology, Awaiting Item Numbers, etc) in the Theatre Screen. (Additional reasons can be added in Settings > Theatre Hold Reasons.)*



The MYNT Billing team will run a Billing Status Report for your site, once per week, to identify any episodes that cannot be invoiced and outline the reasons for this (e.g. waiting on coding).

Rejected Claims

The MYNT Billing team will review rejections daily, and strive to address any rejections within two business days. If we are awaiting information or action from your facility in relation to a rejection, notes will be recorded in the **Financial Notes** tab for the episode.



Debtors

The MYNT Billing team will be responsible for following up with debtors. A weekly Debtors Report will be sent to the site to outline reasons for any claims outstanding greater than 45 days (e.g. issues with the claim or slower payments – for example some smaller funds, as well as paper-based claims, can take longer to be paid).

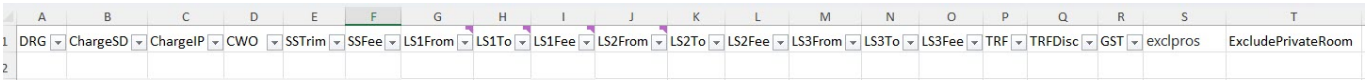
Hospital Health Fund Fees – Importing DRG Fees

FYDO now has the option to import DRG fees from an Excel file.
It is important to note that the file must be an Excel file, and must be set out in the same way as the sample template below.

Or click the link below to download a blank template:

FYDO DRG Import Demo File

Using the same column titles as can be seen in this spreadsheet example.



Column headings need to be:
A – DRG
B – ChargeSD
C – ChargeIP
D – CWO
E – SSTrim
F – SSFee
G – LS1From
H -LS1To
I – LS1Fee

J – LS2From
K – LS2To
L – LS2Fee
M – LS3From
N – LS3To
O – LS3Fee
P – TRF
Q – TRFDisc
R – GST
S – Exclpros
T – ExcludePrivateRoom

The above layout reflects the content, and order of information, that is displayed in FYDO.



If the file is not formatted in this way, with the exact column titles, the data will not be able to be imported into FYDO, or will upload into the wrong fields.

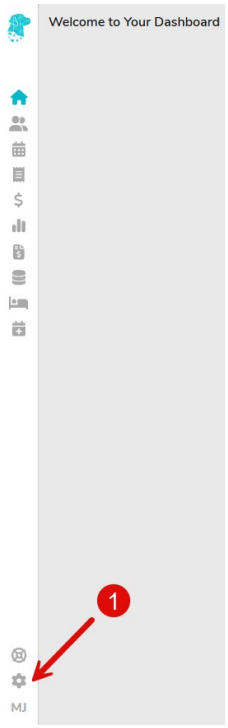
How to Format an Excel File for DRG Upload

Data from a Health Fund contract can be transferred into the relevant columns of the template, or a copy of a contract can be modified using the following steps:

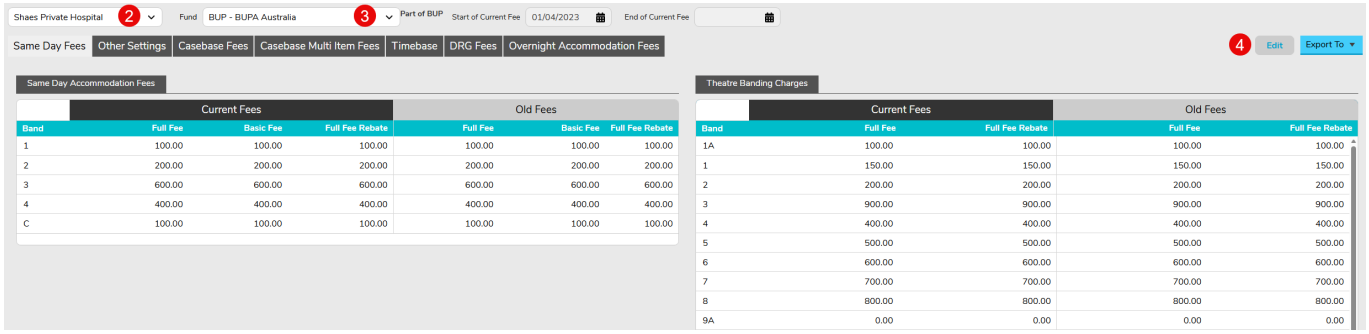
1. Save a copy of the contract (do not edit the master copy)
2. Go to DRG tab or section in the contract
3. Remove any lines above the DRG header table so that there is only one header row
4. Delete any columns that do not contain the required information as per the images above
5. Ensure the names and order of all columns and the header row match the template exactly

How to Upload DRG File into FYDO

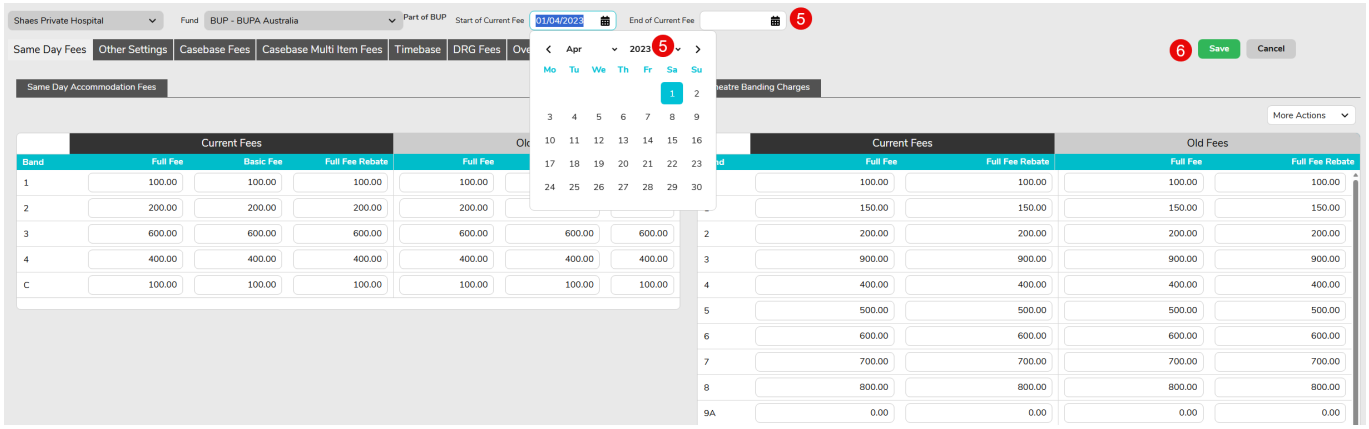
1. Go to **Settings** & select **Fees Setup**



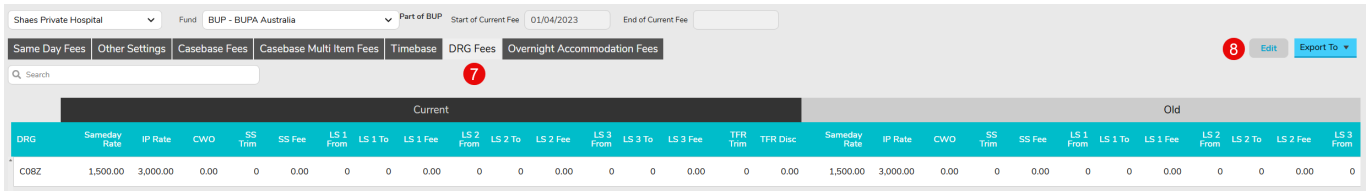
2. Choose your location from the dropdown menu (only applicable to multi-site users)
3. Select required **Fund**
4. Ensure **Same Day Fees** tab is selected and Click **Edit**



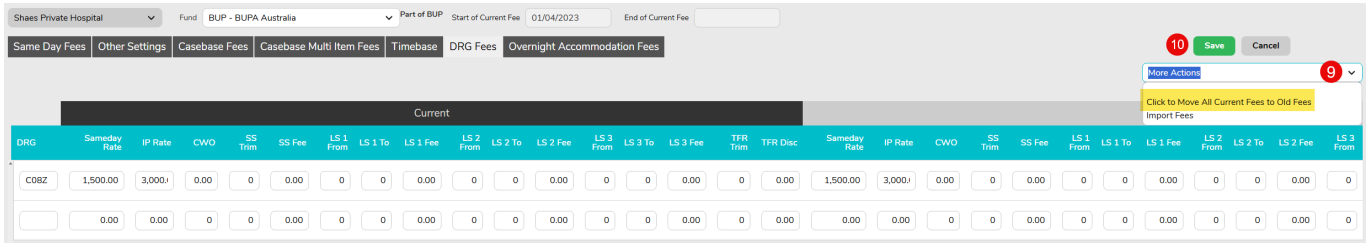
5. Update **Start of Current Fee** and **End of Current Fee** dates
6. Click **Save**



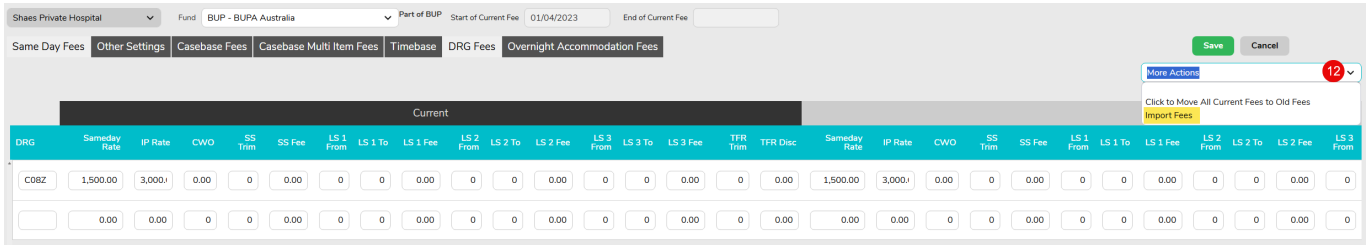
7. Click **DRG Fees** tab
8. Click **Edit**



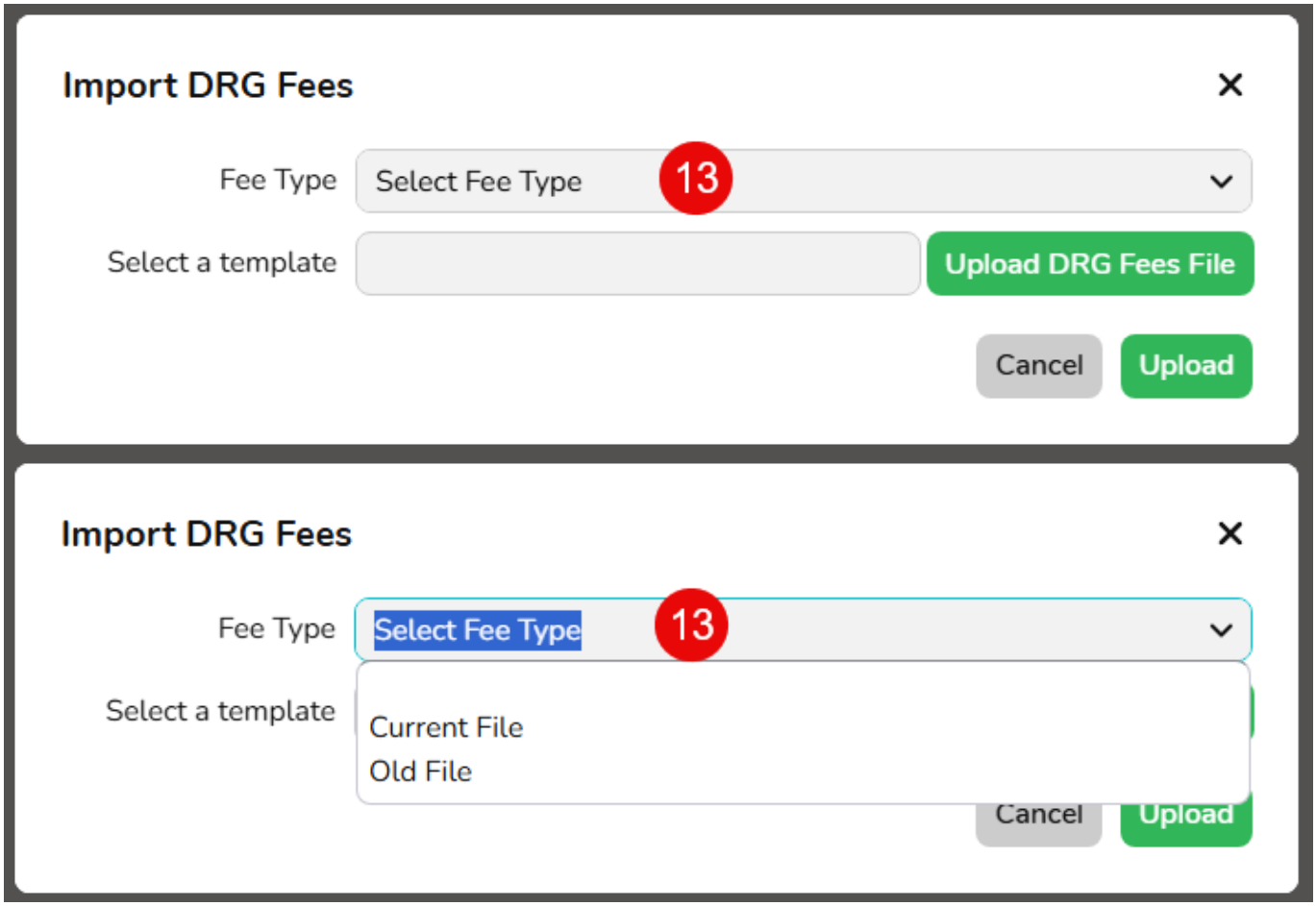
9. Click **More Actions** and select **Click to move all Current fees to Old** and follow instructions – *this step is optional, however it is recommended as it ensures that episodes prior to the new contract dates are billed at the appropriate rates, otherwise all unbilled episodes will be billed at the newly loaded rates*
10. Click **Save**



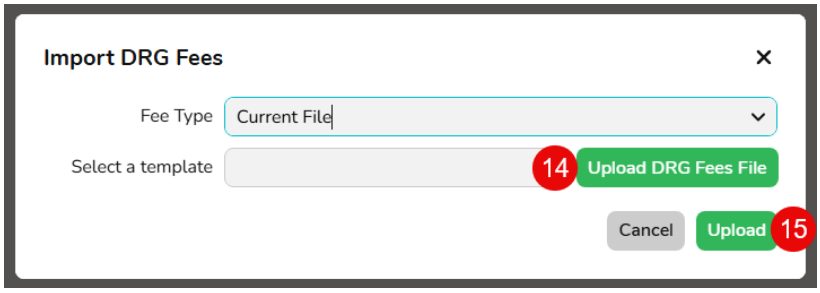
11. Click **Edit**
12. Click **More Actions** and select **Import Fees**



13. Click **Fee Type** and select **Current File**



14. Click **Upload DRG Fees File** and locate the relevant Excel file to be uploaded
15. Click **Upload**



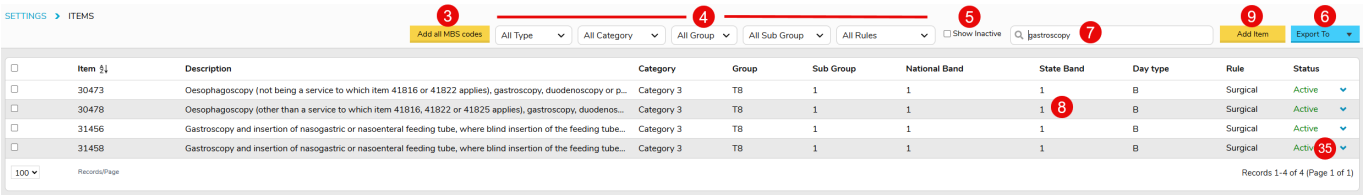
16. DRG items and fees will populate into the DRG Fees tab
17. Click **Save**
18. Select **Print** to print or download, then **conduct a spot check with the contract to ensure fees have populated correctly**

Note: If a DRG no longer exists in the new fees, but there was an old rate, the line will remain in the fees screen and Current will show as $0 (Old will show the previous rate). If a DRG has a zero-dollar balance under the Current fees AND the Old fees, FYDO will automatically remove this line from the fees page, as it is no longer required.

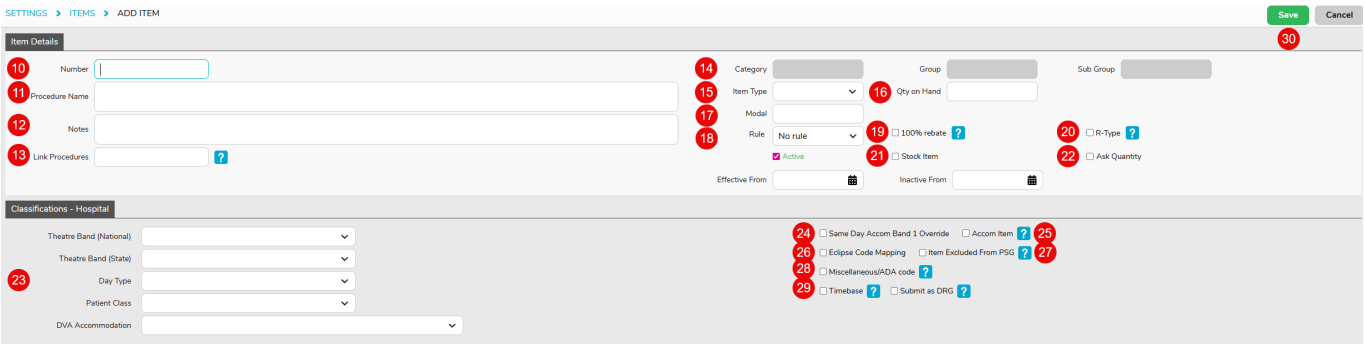
Adding MBS Item Numbers – Hospital

Adding or amending an MBS item in FYDO for the purpose of updating descriptions, adding facility specific cosmetic codes or removing items that are no longer needed.
The item numbers are updated in FYDO with each National Procedure Bandings Update.
Facilities will be responsible for updating the Theatre Band (State) according to their relevant contracts.

1. Go to **Settings**
2. Select **Items** from the General menu



3. **Add all MBS Codes** will update all items in your FYDO system according to the current National Procedure Bandings.
4. Use the **filters** to search specific categories or groups etc
5. Use the **Show Inactive** tick box to view any items that have been made inactive in the database
6. Use the **Export To** option to export the list that is shown on the screen to an Excel spreadsheet
7. Use the **Search** field to find a specific item number or key word to determine if the item is already in the system. *All items that include the searched information in the description will also appear*
8. If the required item number displays, **double click** anywhere on the line to open the information
9. If the required item number doesn't appear, and it needs to be added, click **Add Item**



10. Add the item number, or desired code, into the **Number** *NB. This field will never be editable after it has been created & saved*
11. Add the description for the item into the **Procedure Name** *(The Number & Procedure Name fields are both mandatory fields that are required to add an item)*

12. The **Notes** field is available for any notes that may be required that relate to the item. It has no effect on how the item number is billed or displayed & can only be seen by navigating to this screen
13. **Linked Procedures** give the ability to add ICD procedure code base items to link to this item number. This can make coding the ICD procedures easier. (Hovering over the for the explanation of this field at any time)
14. **Category, Group & Sub Group** are fields that will pre-populate when a real MBS item number is added. FYDO will look up all these values, from the MBS Schedule, and import them. These values will be updated whenever a new MBS update is loaded & there is no need to edit these manually
15. **Item Type** is a field that can help categorise the item being entered. *(NB. These Item Types can be added by going to **Settings, Item Types** & clicking **Add Item Type).*** This field allows the user to allocate items to a group (e.g., cardiology, consults etc) and to run reports on the items that are grouped together by the category
16. **Qty on Hand** can be used in conjunction with the item type
17. **Modal** is not required for hospitals *(this is a clinic related field)*
18. **Rule** is used to determine the rules to apply step downs etc for doctor billing
19. **100% Rebate** is to be ticked when the Medicare benefit is 100%, rather than 85% for in room services and is only applicable for doctor billing
20. **R-Type** is to be ticked if the item requires a referral. NB. This only relates to radiology/imaging items for doctor billing
21. **Stock Item** is not required for hospitals *(this is a clinic related field)*
22. **Ask Quantity** is not required for hospitals *(this is a clinic related field)*
23. Use the following to ensure the item is classified correctly, according to the relevant banding & accommodation types:
    – Theatre Band (National) – *will be updated by FYDO automatically*
    – Theatre Band (State)
    – Day Type – *will be updated by FYDO automatically*
    – Patient Class – *will be updated by FYDO automatically*
    – DVA Accommodation
24. Tick **Same Day Accom Band 1 Override** if the item number can only have a band 1 accommodation billed in conjunction with it, regardless of the anaesthetic type or length of procedure
25. Tick **Accom Item** if the item being entered is required to be billed as an accommodation fee, as per the health fund contract
26. Tick **Eclipse Code Mapping** if the code being entered requires mapping to be able to be sent via Eclipse for billing. E.g., COL1, PKG38 or D001
27. Tick **Item Excluded from PSG** to exclude the item from the IHC PSG/MSG segment when being sent via eclipse. E.g., for NIB endoscopy claims
28. Tick **Miscellaneous/ADA Code** if the item is required to show in the Miscellaneous code section for data submission, instead of in the MBS code section. Commonly used for dental codes
29. Tick **Timebase** if this item is required to be billed according to the time it takes. Ticking this box will alert the system to look in the Timebase Fees set up for the chargeable fee
30. Click **Save**
31. To **Deactivate** an item number, follow steps 1-4 above & click **Edit**
32. Un-tick the **Active** box & the word will change to **Inactive**
33. Click **Save**
34. To **Re-Activate** an item, simply tick the **Inactive** box again & click **Save**
35. To remove an item number all together click on the Blue Drop Down Arrow on the right of the screen *(as seen in the first image above)* and click **Delete item**

36. You will be asked to confirm that you want to delete the item. Click **Yes**