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)
  - Invoice/Claim Total Amount (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 provider 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

Invoice / Claim Amount [Total] – this is not required, as FYDO can work out the amount per item and thus the total charge for Bulk Billed claims. If however, you are not charging the Medicare/DVA rate, then you will need to provide the total charge amount.

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

Token name = BClmAmt

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