

# Importing General Practice Claims

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

We accept 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
  - Veteran Number (conditional)
  - Medicare Number (conditional)
  - Medicare Reference Number (conditional)
  - AcceptedDisabilityInd and Text
  
- Claim Data
  - Type of Service
  - Service Type Code
  - Treatment Location
  - External Invoice ID (optional)
  - External Servicing ID (optional)
  - Invoice/Claim Amount (optional)
  - Benefit Assignment Authorised (mandatory when using XML format, otherwise not required)
  - Date of Service
  - Item
    - No Of Patients Seen (conditional)
    - Distance in KMs (conditional)
    - Charge (optional)
    - Multiple Procedure Override
    - Duplicate Service Override

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## 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*

**Medicare / Veterans Number** - this is conditional, as it depends on the Type of Service. So if the service is to be bulked billed then the medicare number is mandatory and if the service is to sent to Veterans Affairs, then the Veterans number is mandatory.

If you plan to use the excel format, you do not necessarily need a column for each. You could just use the Medicare Number column, and insert the Medicare number or the Veterans number, and then based on 'Type of Service' we will know what to expect.

You could format the medicare number anyway you like

e.g. 211111111 or 2111-11111-1 or 2111 11111 1

*Token name is: PatientMedicareCardNum or VeteranFileNum*

**Medicare Reference Number** - this is mandatory, however if you can not provide it in the file, we will assume it as 1 and then Medicare will still assess and pay the claim if everything else is correct. Medicare just wants a value in there, can not be 0 or empty.

*Token name is: PatientReferenceNum*

**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*

**Address** - patient address, since this is *optional* (not required by the ECLIPSE), unless you want to build your patient database in Fydo, leave the address tokens empty.

*Tokens available:*

- *PatientAddressLine*
- *PatientAddressLocality*
- *PatientPostcode*

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

- M - Medicare
- V - Veterans
- PC - Patient Claims

*Token name is: TypeOfService*

**Service Type Code** - this sets the service type i.e. General or Specialist or Pathology for example

- G - General

*Token name is: ServiceTypeCde*

**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*

**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*

**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*

**Number of Patients Seen** - this is only required when the item number being billed requires it. For example home visits, you will need to specify the number of patients seen in that session.

If 5 patients were seen in one session by one provider, then all 5 patients would have a 5 as the 'Number of Patients Seen'. This does not reset or is grouped by item number, but rather the entire visit.

*Token name is: NoOfPatientsSeen*

**Distance in KMs** - this is only required when you travel to see the patient where the distance travelled is over 10 kms and when the service type is Veterans. Only applicable when the 'Type Of Service' is Veterans.

The value should be an integer, no decimals.

*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.

*Token name = BCImAmt*

**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.

*Token name = ChargeAmount*

**Multiple Procedure Override Indicator** - Indicates whether the service is part of a multiple procedure or not. For example, if you have to bill an item twice, because it was performed on the left

and right leg.

*If set to Y, then the reason for the override must be included in the **Service Text**.*

- Y - Not Multiple
- N - Multiple

*Token name: MultipleProcedureOverrideInd*

**Duplicate Service Override Indicator** - Indicates if the servicing dr attended the patient on more than one occasion on the same day.

- Y - Not Duplicate
- N - Duplicate

If Y, then you will need to add some service text (at the item level) or set the Time of Service field.

*Token name: DuplicateServiceOverrideInd*

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## 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](#)

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## Sample File

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## Tips

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