

Importing Radiology Claims

To save time double handling your radiology claim data, import your data into FYDO and have the claims paid in approx 1-2 working days from Medicare and DVA.

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 (*conditional*)
- Medicare Number (*conditional*)
- Medicare Reference Number (*conditional*)
- Claimant Details (*conditional - required for Patient Claims only*)
- Bank Account Details (*conditional - required for Patient Claims only*)

- **Claim Data**

- Type of Service
- Service Type Code
- External Invoice ID (*optional*)
- External Servicing Provider ID
- Referring Dr Title (*optional*)
- Referring Dr details (*optional*)
- Referring Dr Provider Number
- Referral Date
- Referral Period
- Referral Override Type Code (*optional*)
- Location Specific Practice Number (LSPN)
- Benefit Assignment Authorised
- Total Invoice/Claim Amount (*optional*)
- Number of Items
- Date of Service
- Time of Service (*conditional*)
- Item/s
 - Charge for Item (*optional*)
 - Hospital Indicator (*conditional*)
 - Restrictive Override Code (*conditional*)
 - Duplicate Service Override Indicator (*conditional*)
 - Duplicate Service Override Text (*conditional*)
 - Service Text (*conditional*)

Notes

Patient Fields

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

Patient Name - The first and last name are mandatory, the middle initial is not.

Tokens available:

- PatientFirstName
- PatientSecondInitial
- PatientFamilyName

Patient Gender - patient gender.

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

Token name is: PatientGender

Patient Medicare / Veterans card - this is conditional.

If the Type of Service is set to M or P, then the Medicare Number and the Medicare Reference are mandatory.

If the Type of Service is set to V, then the Medicare and Reference Number are not required but the Veterans number is.

Tokens available:

- PatientMedicareCardNum
- PatientReferenceNum
- VeteranFileNum

Address - patient address. Since this is *optional* (not required by the Medicare), 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. Medicare classifies radiology as specialist.

- S - Specialist

Token name is: ServiceTypeCde

Invoice Fields

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

LSPN - Location Specific Practice Number.
Must be set if Equipment Id is set.

Token name: LSPNum

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

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

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

Token name = NumberItems

Hospital Indicator - Indicates if the service was rendered in hospital or not. This field is conditional.

- Y - In hospital
- N - Not in hospital

Token name: HospitalInd

Facility Provider Number - the provider number of the facility where the service was rendered.

Token name is: FacilityId

Referral Fields

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 - whilst the demographic info about the referrer is optional, the provider number is mandatory.

Token name is: ReferringProviderNum

Referral Date - Date of the referral.

Format dd/mm/yyyy

Token name is: ReferralIssueDate

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

Referral Request Type - Indicates the type of request.

- D - Diagnostic Imaging

Token name: RequestTypeCde

Referral Override Type Code - Indicates why referral services were provided without referral from another practitioner. This is only required if you do not add referral information.

- L - Lost
- E - Emergency
- H - Hospital
- N - Not required (non referred)
- R - remote Exemption (DVA Only)

Token name: RequestOverrideTypeCde

Fields related to the Item

Restrictive Override Code - Indicator used to allow payment for service where the account provides indication that the service is not restrictive with another service either within the same claim or on the patient history.

- SP - Separate Sites
- NR - Not Related (Care Plans)
- NC - Not for comparison

Note, this can not be set if the Service Type Code = P

Token name: RestrictiveOverrideInd

Duplicate Service Override Indicator - indicates if the practitioner attended the patient on more than one occasion on the same day.

- Y - Not Duplicate
- N - Duplicate

Note, this can not be set if Service Type Code = P

Token name: DuplicateServiceOverrideInd

Time of Service - The time the service was rendered. This field is conditional.

Format HH:MM, expressed in 24 hours time e.g. 14:35 for 2:35 pm.

This field must be set if any of 'Duplicate Service Override' Indicator, 'Multiple Procedure Override Indicator' or 'Rule 3 Exemption' are set to Y.

Token name is: TimeOfService

Service Text - Free text used to provide additional information to assist with the benefit assessment of the service. Only used when absolutely required, as text will mean the claim will need to be manually assessed, which delays the processing.

Token name = ServiceText

Limited to 100 characters for Veterans claims, otherwise limited to 50 characters.

Only applicable to Patient Claims i.e. Type of Service = PC

Claimant Details - provide this if the claimant is other than the patient. If required, then the following is mandatory: First name, Surname, Medicare Number, Medicare Reference Number, Date of Birth. An example of when this is required is when the patient is a child under 18 years of age.

The address is not required. It is only required if you need to indicate a temporary address. The address cannot be a PO BOX.

Tokens available:

- *ClaimantFamilyName*
- *ClaimantFirstName*
- *ClaimantDateOfBirth*
- *ClaimantMedicareCardNum*
- *ClaimantReferenceNum*
- *ClaimantAddressLine1*
- *ClaimantAddressLocality*
- *ClaimantAddressPostcode*

Bank Details - Only required if the claimant wishes the payment to go to a different account to what they have registered with Medicare.

Account Paid Indicator - Indicates whether or not an account has been paid in full.

Token name = AccountPaidInd

Claim Submission Authorised - Indicates that the claimant has authorised the location to submit the claim on their behalf. Must be set to Y to submit the claim.

- Y - Authorised
- N - Unauthorised

Token name = ClaimSubmissionAuthorised

Patient Contribution [Total] - Indicates the total the patient has paid for the claim.

Patient Contribution [for each item] - Indicates the amount the patient has paid allocated to the item.

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 Files