Importing Specialist Claims – Eclipse

To save time double handling your specialist claim data, import your data into FYDO and have the ECLIPSE claims paid within 4 weeks by the health funds.

NOTE: DVA in-hospital claims would go via the Medicare Online channel, not the ECLIPSE channel.

Minimum Data Set

Everything is mandatory unless stated otherwise.

Patient Information

- External Patient ID
- First Name
- Middle Initial (optional)
- Last name
- Date of Birth
- Gender
- Address (optional)
- Medicare Number or Veterans Affairs Number
- Medicare Reference Number (conditional)
- Health Fund Code
- Health Fund Membership Number
- Health Fund Universal Position Identifier (optional)
- Health Fund Payee ID *"also known as practice ID"* (conditional)

Claim Data

- External Invoice ID (optional)
- External Servicing Provider ID
- Type of Service
- Service Type Code
- Financial Interest Disclosure Indicator
- Accident Indicator
- IFC Issue Code
- Benefit Assignment Authorised
- Facility Provider Number
- Referring Dr Details (optional)
- Referring Dr Provider Number
- Referral Date
- Referral Period Type
- Referral Period (conditional)
- Number of Items
- Item

- Date of Service
  - Charge [for each item] (conditional)
  - Service Text (conditional)
  - Time of Service (conditional)
  - Number of Patients Seen (conditional)
  - Self Deemed
  - Multiple Procedure Override
  - Duplicate Service Override

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

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*

Health Fund Universal Position Indicator (UPI) – The UPI appears on the patient's fund membership card to uniquely identify the patient. It is the number in front of the patient name on the card.

Token name is: PatientFundUPI

Health Fund Brand ID – this is the health fund ECLIPSE code.

Token name is: FundBrandID

Health Fund Payee ID – (conditional) some funds require this. Also known as the Practice ID. For example, BUPA and Medibank Private requires this. If not required, leave blank.

Token name is: FundPayeeID

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

External Servicing ID – Put the doctors provider number here, or a unique code to identify the doctor, and we can map it to the correct provider number.

Token name is: ExtServicingDoctor

Type of Service – this sets the type of claim for ECLIPSE. Always set to N.

- N – Inpatient/ In-hospital

Token name is: TypeOfService

Service Type Code – this sets the service type. Always set to S.

- S – Specialist

Token name is: ServiceTypeCde

Financial Interest Disclosure Indicator – Indicates that the provider providing the hospital treatment under a gap cover scheme has disclosed to the patient any financial interest in any products or services recommended or given to the patient.

*Must be set to Y if the **Claim Type Code** is set to SC*

- Y = Financial Interest Disclosed
- N = No Financial Interest Disclosed

Token name is: FinancialInterestDisclosureInd

Accident Indicator – Indicates whether or not the associated information relates to the patient experiencing an accident.

- Y – Service result of an accident
- N – Service not a result of an accident or unknown

Token name is: AccidentInd

IFC Issue Code – indicates if an Informed Financial Consent (IFC) was provided to the patient prior to the episode of care.

*If the **Claim Type Code** is set to SC, then this must be either: W or X.*
*If the **Claim Type Code** is set to AG, then this must be either: V, W or X*

- V = Verbal
- W = In writing, where appropriate
- N = Not issued
- X = Not obtained

Token name is: IFCIssueCde

Benefit Assignment Authorised – indicates if the claim will go through the ECLIPSE channel or whether a paper based claim will be created that will need to be manually delivered to the health fund.

- Y = Yes, submit through ECLIPSE
- N = No, create paper based invoice addressed to the health fund

Token name is: BenefitAssignmentAuthorised

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

Token name is: FacilityId

Referring Dr Title / First name / Last name – these are optional, but we would recommend including it in the file, at least the referring doctors first and last name, but not a deal breaker. However, the provider number is mandatory. You can pass other information (but not essential) such as the referring doctor's address, contact numbers and email address.

Tokens available:

- *RefDrFirstName*
- *RefDrLastname*
- *RefDrTitle*
- *RefDrAddress*
- *RefDrSuburb*
- *RefDrState*
- *RefDrPostcode*
- *RefDrPhone*

- *RefDrfax*
- *RefDrEmail*

Referring Doctor Provider Number – this is mandatory, whilst the referring doctors demographics are optional.

Token name is: ReferringProviderNum

Referral Date – format is 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

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

Token name is: NumberItems

Charge [for each Item] – Conditional. This is the amount charged for the specific item. If you cannot pass this information, then we can setup fees in Fydo.

Token name is: ChargeAmount

Self Deemed – A Self Deemed service is a service provided by a consultant physician or specialist as an additional service to a valid request. A substituted service is a service provided that has replaced the original service requested.

- SD – Self Deemed
- SS – Substituted Service
- N – Not Self Deemed

Token name is: SelfDeemedCde

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 is: 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 is: DuplicateServiceOverrideInd

Number of Patients Seen – The number of patients seen. Must be set for group attendance items (e.g. counselling) or visits (home, hospital or institution) to ensure the correct payment is made. Range is 1-99, otherwise this field is not applicable.

Token name is: NoOfPatientsSeen

Time of Service – The time the service was rendered. Format HHMM, expressed in 24 hours time e.g. 1435 for 2:35 pm.

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 time of your claim. Limited to 50 characters.

Token name is: ServiceText

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