## **Preparing for your First Billing Training Session - Clinics**

To get the most out of your training session, our goal is to send a few claims out to Medicare and/or Veterans and/or to the health funds (ECLIPSE), then monitor those first few claims and ensure they get paid correctly. This way, we can ensure everything has been set up correctly for you.

Below is a checklist of things to prepare and have ready for your training session.

Please make sure to have at least 2-5 patients to bill. You need the following about the patients you plan to bill:

- Patient first name, last name, date of birth, Medicare (or Veterans if Veterans claim)
  - e.g. Michelle, Romero, 19/11/1981, 2111-11111-1 (or if a Veterans number NX123456)
- If doing ECLIPSE (i.e. billing the health fund), you will also need the patient's health fund and membership number
  - ∘ e.g. Bupa, ABC12345
- You need the servicing provider's details:
  - Doctor name and provider number
- If the service provided was referred, you need to have the referral details, such as referring doctor's name and provider number, as well as the referral date
  - o e.g. Dr Pete Sampras, provider number 123456AF, referral date 01/01/2017
- About the invoice itself, you will need the following
  - o The item number/s performed, i.e the MBS e.g. 104, 110, 42702 etc
  - The date the patient was seen, i.e. the date of service
- If you plan to do ECLIPSE (i.e. in hospital), you will also need:
  - The hospital's provider number. Call the hospital, hey should be able to provide this to you. However, if this proves difficult, please let us know prior to your training, so we can try to track it down for you.
- For BUPA, we will need to know the practice ID for each provider.

For more details, see <a href="https://wiki.fydo.cloud/how-to-prepare-for-eclipse-clinics/">https://wiki.fydo.cloud/how-to-prepare-for-eclipse-clinics/</a>

## **DVA Community Nursing**

Minimum Data Requirements for DVA Community Nursing Claims:

## **PATIENT DETAILS**

- Patients Full Name
- Date of Birth
- Sex/Gender
- Veterans Number
- Referral Details Doctor Name, Provider Number and if they're a GP/Specialist
- Date of Admission
- First Cycle Date (First date of care)
- Discharged Date (If the client has been discharged from care)

## **BILLING DATA**

- Cycle Date
- Overnight Care Dates (If overnight care is provided, each overnight care needs to be billed on the actual date the service was provided)
- Total number of Hours and Visits for each type of workers for the whole 28 day cycle:
- Clinical Nurse Consultant (CNC)
- Enrolled Nurse (EN)
- Nursing Support Staff (NSS)
- Registered Nurse (RN)