



MedicalDirector[®]
BLUECHIP

Setting Medicare Service Indicators in MedicalDirector Blue Chip

Introduction

Under certain circumstances, health professionals are required to provide additional information on the Service Voucher for Medicare Submission so that a service can be assessed by Medicare.

It is important to ensure electronic claims are submitted using the appropriate indicators and fields, where applicable, to minimise the chance of incorrect claim rejections.

The following information should help you to reduce the number of claim rejections.

Set Referral Override type indicator on Select Referral prompt

Set referral override type when invoicing.

You can set one of the Referral Override Type values for specialist services when there is no valid referral available for the billing patient, or an available referral is not applicable for billing service items or during an Emergency.

The Select Referral window appears when you attempt to issue an invoice for a patient. Selection of any of the following values in the Select Referral window will automatically set the referral override type code for that invoice/voucher for online claim submission.

Medicare recognizes the following accepted referral Override type codes:

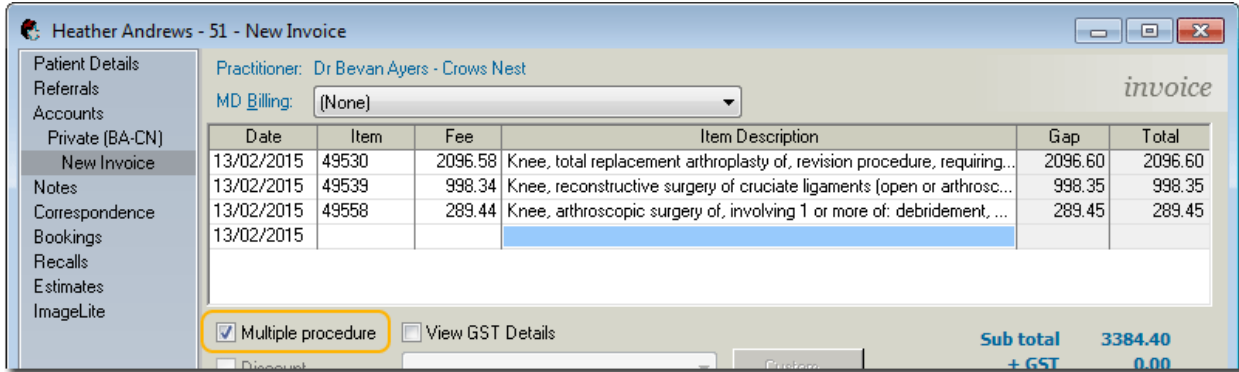
- Lost
- Emergency
- Hospital
- No Referral
- Remote Exemption (for DVA patients only)

Referral Type	Practitioner	Referring doctor	Provider No	Letter date	Effective	Expires
Doctor	Any	Dr Mark Browning	2054781W	2/01/2013	21/10/2013	20/10/2014
Doctor	Any	Dr Mark Lobel	2054781W	12/07/2013	21/10/2013	20/10/2014
Lost	Any	<None>	-	-	-	-
Emergency	Any	<None>	-	-	-	-
Hospital	Any	<None>	-	-	-	-
No Referral	Any	<None>	-	-	-	-
Remote Exemption	Any	<None>	-	-	-	-
Self Deemed	Any	<None>	-	-	-	-
Substituted Service	Any	<None>	-	-	-	-

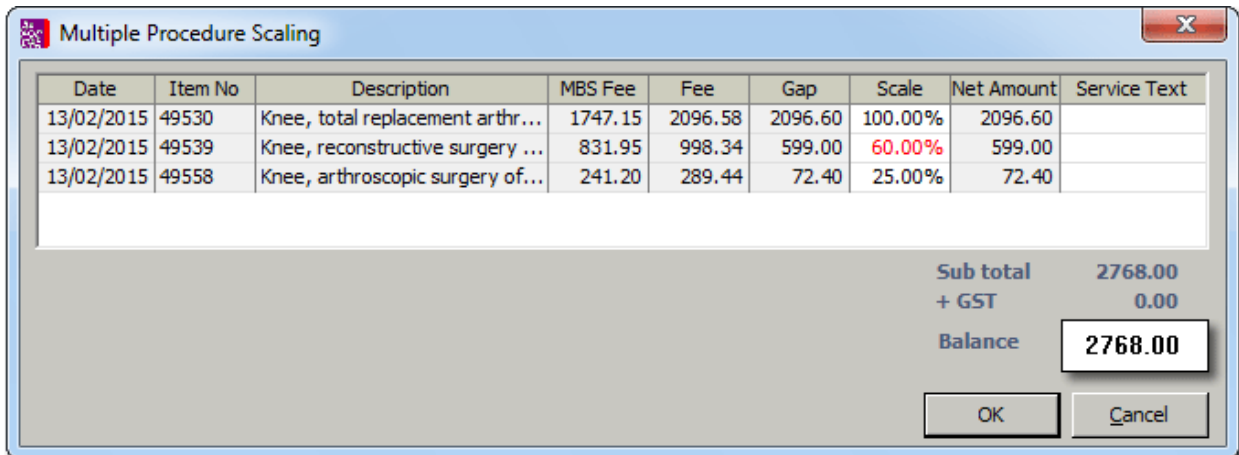
Setting the Multiple Procedure Override Indicator in the Multiple Procedure Scaling Prompt

In the situation where multiple procedure scaling is not applicable for selected surgical service items, you can indicate this to Medicare by overriding the value automatically set in the 'Scale' column of the Multiple Procedure Scaling window.

The Multiple Procedure Scaling window will open only after selecting the 'Multiple Procedure' check box in the Invoice window.




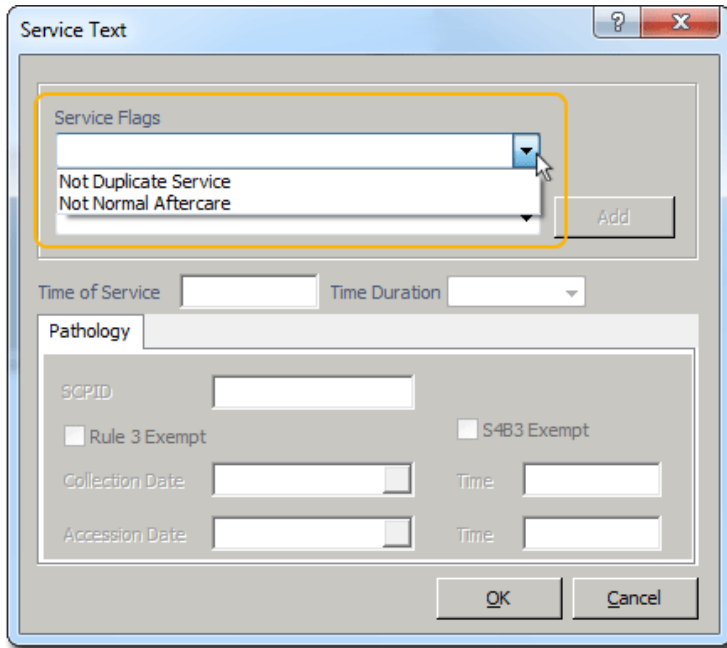
Modifying the default percentage/value in the **Scale** field will mark the service item as a 'Multiple Procedure Scaling Override' item, and the **Scale** field will display in **Red**. You must enter the applicable reason in the 'Service Text' column for multiple scaling overridden items for Medicare submission.



Setting the 'Not Duplicate Service' Indicator in the Service Text Prompt

If practices provided the same service to the same patient more than once with in the same day, when creating an invoice for that service for online claiming (Bulk Bill / DVA/ Eclipse/ Patient Claims), you must indicate that the service is not a duplicate by setting the 'Not Duplicate Service' flag in the 'Service Text' window.

1. To access the service text window, locate the Service Text field for the Service Item you wish to record Service Text for, click within the field, and then either;
 - click the  button, or
 - press SPACE + ENTER
2. The **Service Text** window appears.




3. Select the 'Not duplicate Service' option from the **Service Flags** drop-down list. This selection will eventually appear within the invoice window.

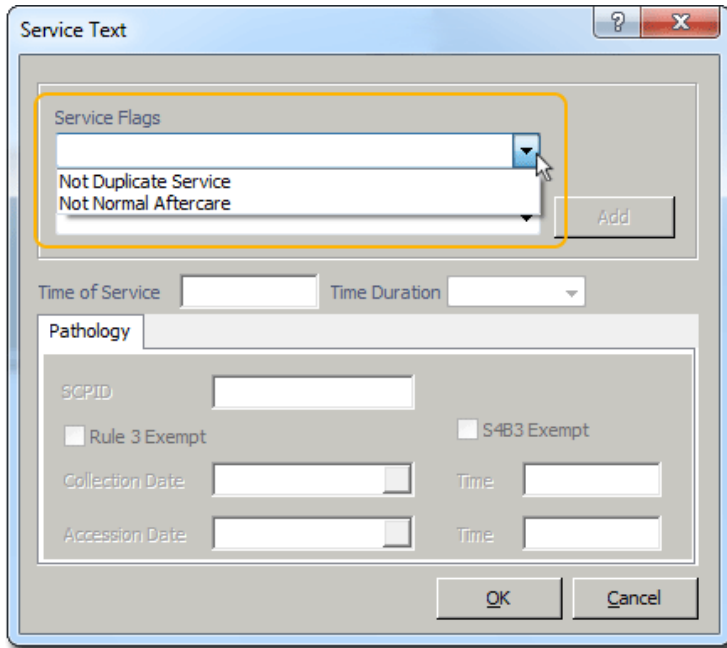
Note that this field is *not* available if on the New Invoice window you selected 'Pathology' from the **Service Type** drop-down list.

4. Select an **Explanation** from the associated drop-down list. Note that this list is initially empty. You can add new Explanation items to this list;
 - By free-typing into the Explanation field (max 50 characters, except for DVA claims which allow for 100 characters), and then clicking the **Add** button, or
 - Beforehand, via the Billing and Fees tab of Blue Chip's Practice Options.
5. Record the time of the service was performed into the **Time of Service** text box. This field accepts the Windows time format of HH:mm. For example, to record 2:30 p.m. enter the 24-hour format of 14:30.

Setting the 'Not Normal Aftercare' Indicator in the Service Text Prompt

If a provided service is not 'not normal after care', when creating an invoice for that service for online claiming (Bulk Bill / DVA/ Eclipse/ Patient Claims), you must indicate that the service is not a normal after care service by setting the 'Not Normal After Care' service flag in the 'Service Text' window.

1. To access the service text window, locate the Service Text field for the Service Item you wish to record Service Text for, click within the field, and then either;
 - click the  button, or
 - press SPACE + ENTER
2. The **Service Text** window appears.




The screenshot shows the 'Service Text' dialog box. At the top, there is a title bar with a question mark and a close button. Below the title bar is a section labeled 'Service Flags' which contains a dropdown menu. The dropdown menu is open, showing two options: 'Not Duplicate Service' and 'Not Normal Aftercare'. To the right of the dropdown menu is an 'Add' button. Below the 'Service Flags' section are two input fields: 'Time of Service' and 'Time Duration'. Below these is a section labeled 'Pathology' which contains several input fields and checkboxes: 'SCPID', 'Rule 3 Exempt', 'S4B3 Exempt', 'Collection Date', and 'Accession Date'. Each of the last four fields has a 'Time' field next to it. At the bottom of the dialog box are 'OK' and 'Cancel' buttons.

3. Select the 'Not duplicate Service' option from the **Service Flags** drop-down list. This selection will eventually appear within the invoice window.

Note that this field is *not* available if on the New Invoice window you selected 'Pathology' from the **Service Type** drop-down list.

Setting the 'Rule 3 Exempt' Indicator in the Service Text Prompt

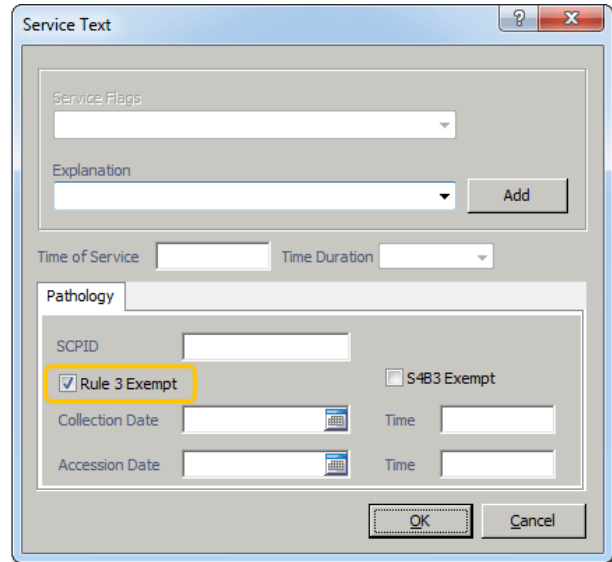
This Indicator is used to indicate that Rule 3 in the Medicare Benefits Schedule (MBS) applies to the pathology service. If the patient had multiple pathology tests within a 24 hour period due to a chronic illness (resulting in a higher rebate), when creating an invoice for those services for online claiming (Bulk Bill / DVA/ Eclipse/ Patient Claims), you must indicate that 'Rule 3 Exempt' applies to that service by setting the 'Rule 3 Exempt' service flag in the 'Service Text' window.

- To access the service text window, locate the Service Text field for the Service Item you wish to record Service Text for, click within the field, and then either;
 - click the  button, or
 - press SPACE + ENTER

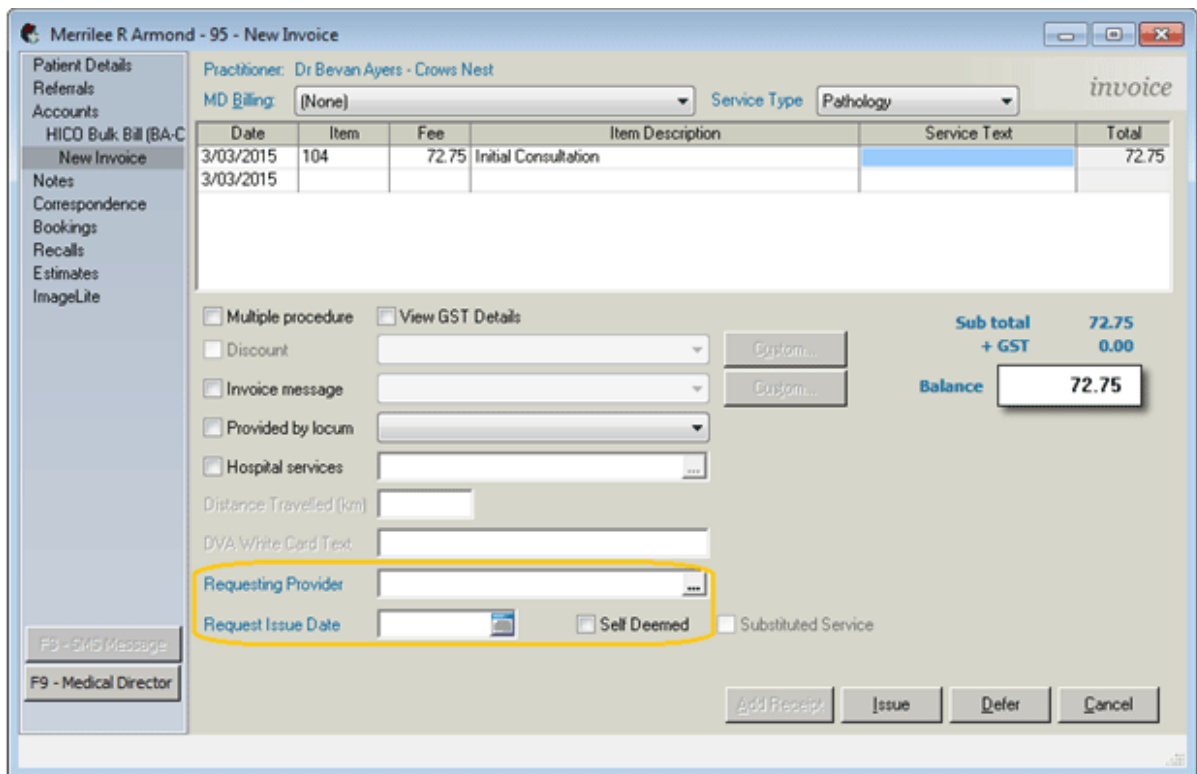
- The **Service Text** window appears.
- Select the 'Rule 3 Exempt' option from the **Pathology** tab, in the Service Text window.

Note that **Pathology** tab is *only* enabled if on the New Invoice window you selected 'Pathology' from the **Service Type** drop-down list.

- Record the time of the service was performed into the **Time of Service** text box. This field accepts the Windows time format of HH:mm. For example, to record 2:30 p.m. enter the 24-hour format of 14:30.



- ON the invoice, set the Requesting Provider details and Request Issue Date, *or* indicate that this is Self-Deemed by ticking the associated check box.



Date	Item	Fee	Item Description	Service Text	Total
3/03/2015	104	72.75	Initial Consultation		72.75
3/03/2015					

Sub total: 72.75
+ GST: 0.00
Balance: 72.75