



Australian Government

Department of Health

Hearing Services Program and Medicare e-Claim Handbook

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Introduction

This e-Claim handbook was written by the Department of Health (the Department) with input from the Department of Human Services (DHS) on 1 July 2011. Centrelink, Medicare, Child Support Agency and CRS Australia were integrated into the Department of Human Services. Learn more at <http://www.humanservices.gov.au>).

The handbook is designed to assist

- Service providers to understand and use the e-Claim facility
- The Department and DHS staff to understand and administer the e-Claim facility

The e-Claim handbook will be revised periodically. Comments on the content and format are always welcome.

The e-Claim facility is a web based electronic claim for payment lodgement application that enables contracted service providers to lodge electronically generated hearing service claims for payments via the internet. The e-Claim facility allows authorised service providers to lodge a claim for payment file electronically with DHS and retrieve the accepted claim file, rejected claim file and summary details file electronically for the specific batch.

The Department and DHS endeavour to ensure that the e-Claim facility operates smoothly and that adequate support and monitoring is provided, with opportunities for the participating service providers to contribute feedback.

The e-Claim facility will be enhanced over time to incorporate feedback from service providers and other initiatives by the Department.

You can visit the Australian Government Hearing Services Program's (the program's) website here www.hearingservices.gov.au

Hardware and Software prerequisites

In order to use the e-Claim facility the service provider will need to

- Have a computer with internet access,
- Internet browser (IE, Firefox, Safari etc)
- ZIP software (Windows 7, Winzip, WinRar, 7Zip etc)
- Be able to send and receive e-mail
- Possess the appropriate e-Claim software
- Have received your access credentials from DHS

Software Providers

The following software providers may be able to provide some technical expertise with establishing the software for electronic claiming

Provider / Company	Software	Phone Number	Email Address
Francois Capmeil/ Biotronic PTY LTD	Claim Wizard	02 9345 0771	biotron@ozemail.com.au
Lindsay Symons / Hearsoft PTY LTD	Hear Aid	03 5821 6600	Lindsay@hearsoft.com.au
Jeff Crumb / Simply Hearing	Simply Hearing Software	Office 888.662.3881 Ext. 223 Fax 519.725.0846	jcrumb@simplyhearing.com

Electronic claiming (e-Claim)

The e-Claim facility allows the service provider to provide claim for payment information to DHS and receive confirmation of accepted and rejected claims from DHS in an electronic form.

One of the benefits of electronic claiming is that it enables integration into the service providers existing computer systems to streamline and reduce the administrative overheads of the claiming process.

e-Claiming also allows the service provider to determine quickly which of DHS electronic claims in a batch have been accepted and which have been rejected. This allows the service provider to take the necessary remedial action for the rejected e-Claims. With e-Claiming any rejections are usually available the next working day.

It is possible that two batches of e-Claims may be paid into the service provider account at the service provider financial institution on the same day and may appear as one or more entries depending on the financial institution. It is therefore important for the service provider to carefully co-ordinate and manage the sequence of claims flowing through the electronic stream.

Reconciling e-Claims

The Department is aware that no two service providers manage claims in exactly the same manner. There is no statement of benefit produced for batches of e-Claims as much more information is provided in the accepted, rejected and summary files that can be used and reported on as required by the service provider.

e-Claiming provides comprehensive information that will allow the service provider to track claims through the process of lodging a claim through to payment. Those claims processed through the electronic stream will produce files for each batch of electronic claims that can be downloaded by the service provider using the facility specifying claims that have been accepted (with amount to be paid) and claims that have been rejected. In addition, a summary file is produced that confirms the number of claims and items processed, the total value of claims accepted, and the expected release date of payment.

All service providers must reconcile their software where an e-Claim has failed to be accepted by DHS payment system.

If a duplicate claim, or a claim that is out of the correct sequence, arrives at DHS then the claim will be processed in the order that it is received. It is therefore important for the service provider to manage their sequence of claims.

Processing cycle for electronic claims assessments

The e-Claim facility will be down between 2.00am and 3.00am approximately most working days. E-Claim files will be able to be uploaded and the accepted, rejected and summary files downloaded at any other time. It should also be noted that public holidays, bank holidays and weekends, might influence the availability of the facility.

When an e-Claim file is lodged, it is checked by DHS to see it meets the required format. Once the e-Claim file has been accepted, it will be assessed by a module that runs every 10 seconds, and the e-Claims are processed and written to the accepted queue, rejected queue and summary queue.

After the batch of e-Claims has finished being assessed, the information on the queues is read and the accepted, rejected and summary datasets are created. The datasets are then zipped and made available for download by the service provider.

The assessing module will usually need to run more than once to process a batch of claims once the batch has reached the top of the queue waiting processing. The assessing of the full claim file may take anywhere up to half an hour depending on the number of claims uploaded. DHS monitors turnaround times to ensure that assessment processing completes within twenty-four hours of lodgement of the e-Claim file.

The number of claims files being processed by DHS from other service providers will impact on the time that the accepted, rejected and summary files become available. The batch job to zip the accepted, rejected and summary files ready for download runs at 9.00am, 1.00pm and 5.00pm daily.

The claim files from a service provider are added to a queue for processing as the files are received. If the claim file has been sent with adequate time to process then the accepted, rejected and summary files should become available for download shortly after one of the times mentioned above (i.e. soon after 9.10am, 1.10pm, or 5.10pm on a working day).

Batch Control

The e-Claim facility is designed to ensure that service providers, the Department, and DHS, are able to reliably track and process all claims.

The e-Claim facility incorporates batch control to ensure that batches of electronic claims are

- not lodged more than once
- always acknowledged by DHS on successful lodgements
- processed by DHS in the correct sequence

The e-Claiming batch number specified by the service provider in the e-Claim file must be in an uninterrupted sequence relative to the previously successfully lodged batch otherwise the batch of e-Claims will be rejected. The service provider will be advised of batch sequencing errors at lodgement.

Each claim file constitutes one batch. The claim file contains an identifier of the batch, which is an integer in the range of 1 through 9999. All service providers should start at batch number 1 and increment the batch number by one for each subsequent batch. If the lodgement limit of batch numbers is reached, then the number will be reset to 1.

If there is more than one batch of claims that has been successfully lodged (and are awaiting processing by DHS) then the lowest numbered batch of claims will be processed to completion before processing of the next batch begins.

The claims that make up the batch will be received, processed and accepted or rejected as a single independent collection of claims marked with the unique identity of the relevant batch number. Those claims belonging to a particular batch number will not be processed with any other claims from a different batch number. Individual claims may be resubmitted in a different batch if a claim was rejected in an earlier batch and the reason for rejection has been resolved.

Where the service provider wishes to lodge a batch of claims that does not comply with the above rules regarding batch numbering, then the service provider should consult with DHS to determine a course of action. There would be few circumstances that lodging a batch of claims out of sequence would be acceptable.

The volume of claims that the service provider needs to lodge at DHS will determine how frequently the service provider will need to lodge batches of claims through the e-Claim facility. Service providers may choose to lodge monthly, weekly or even daily.

Administering user accounts and sites

Security is often cited as the biggest concern about the technology of the Internet. DHS has addressed this concern by ensuring that authorised users of the e-Claim facility cannot logon without a user-id, password and authentication file nor can they access the data of other service providers. All authorised e-Claim user activity to upload and download is logged for audit purposes.

The use of cryptography is fundamental to providing the security and authentication required for doing business over the Internet. Cryptography encompasses encryption of data for privacy, providing a reliable means of verifying identity, recording a digital signature, and ensuring that messages and other data have not been tampered with in transit between the sender and receiver.

The electronic claim files cannot be signed by hand before being lodged with DHS, but cryptography has provided a mechanism to accomplish the same purpose using digital signatures. The service provider will be supplied with an authorisation file (along with a user-id and password) as part of being granted access to the e-Claim facility.

If more than one person will be lodging on behalf of a service provider through the e-Claim facility then the service provider needs to establish adequate administrative procedures to ensure that batches of e-Claims are lodged in the correct sequence.

Choosing to lodge from a single site is simpler and has fewer risks. The e-Claim facility has been designed with the capacity to allow for a service provider to lodge claims completely independently from different sites. This means independent User-ids cannot lodge claims for sites other than their own and are not able to view or access the associated accept, reject and summary files for sites other than their own.

The service provider decision to lodge claims centrally from one site or distributed from a number of sites is important in assigning the Minor Customer Identifiers (MCI) that are used for this purpose. Should a service provider require additional user accounts or the ability for additional sites to be able to lodge claims, then the service provider should email hearing@health.gov.au to discuss.

The password selected by the service provider may contain both alphabetic and numeric characters (i.e. 0 thru 9) but must not contain special characters (e.g. @ # \$ % &). Alphabetic characters must be lower case. The password must be eight characters.

Roles and responsibilities

The parties involved in operating the e-Claim facility are the Department, DHS and service providers. The responsibilities of each group are summarised below.

The Department's responsibilities

- Manage the e-Claim facility
- Specify the user interface (with advice from DHS)
- Provide information to service providers about e-Claiming
- Authenticate service providers to allow e-Claim access to be granted
- Notify DHS of service providers that will be electronically claiming
- Helpdesk support regarding e-Claim rejections

Service provider responsibilities

- Read the documentation provided about e-Claim file formats and the proposed method of operation of the e-Claim facility
- Design and construct facilities and procedures to create e-Claims files and to reconcile the electronic accepted, rejected and summary files produced for each batch of electronic claims

or

- Purchase the necessary software that provides this functionality
- Test the e-Claim facility for accuracy and train personnel
- Contact the Department to re-test the e-Claim facility whenever new versions or changes are implemented

DHS responsibilities

- Maintain and enhance the e-Claim facility on behalf of the Department
- Validate test files to ensure compliance with the e-Claim facility
- Notify service providers of their access credentials for electronic claiming
- Provide Helpdesk support to service providers regarding password resets and issuing duplicate statements

Identification of an electronic claiming site

When applying for e-Claim access, a service provider needs to decide the location(s) from which the e-Claim facility will be used. A service provider is allocated one or more MCI, depending on the service provider's administrative requirements for claim file lodgement and retrieval. Typically, a MCI represents one processing location for lodging and retrieving files.

Some service providers have a single site and therefore require only one MCI. Some service providers have several sites but will centralise all claims lodgement and retrieval processing at a single location and will require only one MCI.

Other service providers with several sites may choose to have several locations involved in file lodgement and retrieval and therefore need more than one MCI.

In the case of a service provider having several locations for e-Claim lodgement and retrieval, each electronic claim file will be associated with a single MCI. If a batch is submitted from one MCI, then it may only be retrieved with the same MCI.

If a service provider wants to be able to lodge claim files from several locations and to retrieve at only one location, then the service provider should choose to have a single MCI. The service provider should also ask for each user-id to be associated with that single MCI. Alternatively, the service provider may wish to retransmit the accepted, rejected and summary files via an internal network to the appropriate location.

Each user of the e-Claim facility has a unique user-id for logging on. This user-id is related to a single contracted service provider id and to a single MCI. A service provider may have several user-ids and MCI. A user-id relates to a MCI. The MCI relates to the user-id used when logging on to the e-Claim facility. During e-Claim file lodgement and retrieval of the accepted, rejected and summary files for a batch, the e-Claim facility checks that the user-id and the minor customer id are compatible.

Where there are multiple service providers operating out of the same address, separate user and MCI will be required. If they choose to use the same user and MCI, then the service provider not using their correct details will have to seek reimbursement from the other service provider.

Steps in gaining access to the e-Claim facility

1. The service provider contacts the Department expressing interest in accessing the e-Claim facility.
2. Service provider's will be asked to confirm with their software developer that the software the service provider uses has the ability to extract claim data.
3. If the service provider wishes to develop their own e-Claim software, they will be referred to the service provider to the [e-Claim file format guide](#) attached to this handbook.

The e-Claim file format guide contains the file format specifications of the claim file that needs to be generated by the service provider and of the accepted, rejected and summary files that will be produced after processing.

4. The service provider sends the Department a test file in the format specified. While the data in the test file does not have to be 'live' data, the more realistic the test file the more likely are the chances that the test file will be accepted. The test file will not be assessed for accepted or rejected claims.
5. A preliminary 'eyeball' review will be conducted of the test file to pick up any obvious problems with the construction of the test file and liaises with the service provider to resolve those problems. **The 'eyeball' review will generally take between one and three working days for each test file submitted.**

The Department will verify the correct construction of each record type in the test file. The test file only needs to contain two or three claims and related claim item records (with associated header and trailer records). This test file can contain more claims if desired.

6. After the 'eyeball' review of the test file is complete, the test file will be forwarded to DHS. DHS will then perform a more rigorous scan of the test file by running it through an automated verification process and will inform the Department of the outcome. The Department liaises with the service provider to resolve any outstanding problems. **The automated verification process by DHS will generally take between one and two working days for each test file submitted.**

The turnaround time of the reviews performed by the Department and DHS will be largely dependent on how well the service provider has complied with the file format specified.

7. After DHS has accepted the test file, the Department will inform the service provider and authorise DHS to arrange e-Claim access. The following details will be confirmed with the service provider as part of this process.
 - New or additional site
 - Contractor number
 - Organisation name
 - Authorised person requiring access
 - Position or title within organisation
 - Mailing address
 - Telephone number
 - Facsimile number
 - E-mail address
 - Processing arrangement

8. **DHS will allocate a user-id, default password, MCI and authentication file name. This information will be advised either via secure email to the email address advised during the e-Claim access process or via post.** If the access credentials are advised via the secure email channel from DHS, DHS will email the service provider advising their access is currently being established and will be advised electronically when this has been completed. Service providers should then acknowledge receipt of completion of the access request. If the service provider has not received their access information within two weeks of DHS advising via secure email the access is currently in progress, then the service provider should call the e-Claim Helpdesk on 08 8274 9370 as soon as possible to inform them.
9. Once the service provider has received notification of their access to the e-Claim facility then the service provider is free to commence lodging claims using e-Claim.

Procedure for logging into the e-Claim facility

First Time Logon Procedures

When logging on to the facility for the first time you will be required to download a copy of your authentication file from the DHS site.

Step One – Obtain the Authentication File

1. Ensure that you have the four validation codes that were sent to you for gaining access to this facility – user ID, MCI, authentication file name and password.
2. Go to the facility's home page
<http://www1.medicareaustralia.gov.au/general/ohsiohsghome>
3. Click on the button
4. You will need to download your authentication file. To begin the process
 - Click on the words at the end of the last line above the dialogue box. This will redirect you to a page to download your authentication file.
 - Enter your user id and authentication file name in the fields provided.
 - Click on the button.
5. A window will be displayed asking what you want to do with the file
 - Select the save file option. A dialogue box will then be displayed with your filename.
 - If you are using internet explorer you will need to add the extension **‘.htm’** to the end of the filename. Otherwise keep the filename the same.

Eg. your authentication filename is **12345ABC.ht** when the dialogue box comes up add **m** to the end of it, **12345ABC.htm**
6. Please save the authentication file to your hard drive (and/or USB drive)
 - Select the drive to save your file; and
 - Click on the button.

This completes Step One. Ensure that the authentication file remains available on the computer that you will use in the future to access the e-Claim lodgement facility.

Step Two – Logon to the facility

1. From the facilities home page
<http://www1.medicareaustralia.gov.au/general/ohsiohsghome>
2. Click the button on the left hand side.
3. Enter your authentication filename (including the path and the filename extension – please note that the extension ‘.htm’ is not required in this step) in the field provided;
or click on the button to locate the file that you previously downloaded.
4. Click on button.
5. Click on the button.
6. Your authentication file will be uploaded to the DHS and checked. If the file is accepted, a small window will be displayed for you to enter your user Id and password. Enter these details in the fields provided. (These details may be entered in upper or lower case.)
7. Click on

Step Three– Use the e-Claim facility

You will now be presented with a list of functions. Follow the instructions on the screen to use the facility or to logoff.

Standard Logon Procedures

These procedures are to be used when a service provider logs on to the facility. Ensure that your authentication file is available on your computer when you logon.

Step One – Access the Home Page

1. Go to the facilities Home Page
<http://www1.medicareaustralia.gov.au/general/ohsiohsghome>

Step Two – Logon to the facility

1. To logon to the facility, click on the button in the navigation bar.
2. Enter your authentication file name (including the path and the filename extension) in the field provided or click on the button to locate your authentication file.
3. Click on
4. Click on the button.
5. Your authentication file will be copied to the DHS and checked. If the file is accepted, a small window will be displayed for you to enter your user id and password.
6. Enter these details in the fields provided. (These details may be entered in upper or lower case.)
7. Click on

If your password is still current then you may now use the facility.

If your password has expired (password valid for 45 days), or you wish to change the password that has been allocated, please call the e-Claim Helpdesk on (08) 8274 9370.

Authentication Error Codes

Error reason codes may be displayed while validating the authentication file. Error messages with the explanations are as follows.

Code 1001	The authentication file you uploaded contained no data. Please ensure that you are entering the filename correctly and that the file you downloaded is saved with the filename sent to you by DHS.
Code 1002	You have not entered any value in the filename field. Please enter the filename in the field provided or click on the <input type="button" value="Browse"/> button to locate and select your file, then click on the <input type="button" value="Send authentication file"/> button. The full filename, including the path and the HTM file extension must be entered (eg. C:\myfile.htm).
Code 1003	No record for your user profile was found in the DHS system. The encrypted data in the authentication file contains information about your user profile. When the file was decrypted and the user information extracted, no record for your user profile was found in our system. Please call the e-Claim helpdesk on (08) 8274 9370 to determine why this error has occurred.
Code 1004	The filename received does not match the filename registered in our system. Our system stores the encrypted data contained in the authentication file you downloaded. When you send the authentication file to DHS, the file contents are compared to the data stored in our system. Please check that you are using the file sent to you by DHS.
Code 1005	The data contained in your authentication file does not match the data stored in our system. Our system stores the encrypted data contained in the authentication file you downloaded. When you send the authentication file the contents are compared to the data stored in our system. Please check that you are using the file sent to you by DHS. Call the e-Claim helpdesk on (08) 8274 9370 to report this error if it continues.
Code 1013	Your browser does not support the file upload feature. Internet Explorer (V4.0 or higher) and Netscape (V4.0 or higher) support the file upload feature.
Code 1014	The file received has not been found on our system. Our system stores the authentication filename of registered internet clients. No record has been found with the filename that was sent to you by DHS. Please contact the e-Claim helpdesk on (08) 8274 9370 to report this error.
Code 1017	The name of the authentication file you have entered does not contain the correct amount of characters. Please check keying, correct any errors and resend your authentication file.
Code 1024	The name of the authentication file you have entered does not end in the characters 'HTM'. The authentication file you downloaded from DHS has to have a filename with the last three characters being 'HTM'. Please enter the full filename, including the path and HTM file extension and resend your authentication file

Processing cycle for electronic stream claims payment

The following is a summary of the timeframes involved.

Day 1	Service provider lodges a file containing a batch of e-Claims.
Day 2 / 3	<p>Service provider downloads the accept, reject and summary files for the batch. The summary file contains the expected date of release of payment to the Reserve Bank and the dollar value of the claims accepted in the nominated batch.</p> <p>DHS sends the Reserve Bank the payment advice for the batch of accepted electronic claims releasing the funds.</p> <p>Reserve Bank processes the payment advice for the batch and sends the service provider's financial institution the payment advice.</p> <p>Service provider's financial institution processes the payment advice for the batch and credits the service provider's individual account for the dollar value of that batch. Service provider has access to the funds for the batch of e-Claims that should appear on the service provider's financial institution statement.</p>
Day 4	<p>It is anticipated that for the majority of payment cycles, the service provider should have access to the payment advice funds by day 4 however this depends on the timelines of individual financial institutions. The term 'payment advice' is used generically to show the flow of information between the parties involved rather than a formal hardcopy document.</p>

Any payment delays past day 10 is likely only when there have been issues either in processing the batch, incorrect bank account details resulting in the payment being unable to be transferred or where the payment release timelines of the individual service provider financial institution has held up the payment. It should also be noted that public holidays, bank holidays and weekends, might influence the timing of each event.

Overview of Claim File

The record formats are based on the Electronic Data Interchange (EDI) HLT7 ("Health Level 7") format. This format specifies that each field in a record is to be delimited by a termination character. The HLT7 standard specifies | (vertical bar) as the delimiter character.

The delimiter character in the claim file indicates the end of the field value and is ignored once the field value has been stripped from the claim file for processing. The delimiter character is not used in the accepted, rejected or summary file record definitions.

The vertical bar cannot be used in any field except in the first record of a claim file that defines that the vertical bar is the delimiter character. The characters ^ ~ \ & are separation characters also and should not be used in any field other than the first record of the file.

An example of the HLT7 coding format for each record is shown for each record type. For some record types, the page is not sufficiently wide to allow the example record to be shown on a single line.

The service provider specifies a file name of their choice for each claim file during the e-Claim facility upload.

Overview of Accepted, Rejected and Batch Summary Files

Processing of an input Claims file produces the following output files:

- Accepted claims file
- Rejected claims file
- Batch summary file

The accepted and rejected files contain only records of claims that were submitted for a specific batch. If a claim is submitted twice, then the second instance of the claim will be rejected as a duplicate.

If a claim batch has zero accepted records, then all three files will still be produced. The accepted claim file in this case will contain

- A header record
- No claim records or associated claim item records in the accepted claims file
- A trailer record and a value of zero in the count field

If a claim batch has zero rejected records, then all three files will still be produced. The rejected claim file in this case will contain

- A header record
- No claim records or associated claim item records in the rejected claims file
- A trailer record and a value of zero in the count field

The accepted, rejected and batch summary output files will be aggregated and compressed into a single file for e-Claim facility download. The decompressed files will be named `accept.txt`, `reject.txt` and `summary.txt`. The service provider will be able to change the names of the accepted, rejected and summary files during decompression.

The record fields are fixed length format rather than character delimited. There is no field separator character between fields in the accepted, rejected and summary files as there is for the input claim files. All fields from the input claim files are present in the accepted, rejected or summary files unless stated otherwise.

The relationship between claim and claim item records is

- Explicit; that is, all claim item records contain the identifier of the claim record to which they relate; and
- Positional; that is, each claim item record immediately follows the related claim record.

All date fields (D) are in fixed DDMMCCYY format (eg 01052003, 27031997)

For each rejected item in the reject claims file, a reason code for the rejection will be provided. A list of reason codes and textual description is in the Glossary.

Support

The Department and DHS endeavour to provide e-Claim support during normal business hours. The processing of batch jobs occurs just after midnight each night for the assessment of successfully lodged electronic claims.

The Department and the DHS encourage service providers to have e-mail access. The ability to communicate via e-mail allows the Department and the DHS to provide a greater degree of support than otherwise would be possible and ensures that all participating service providers have access to the same information at the same time.

Scheduled system maintenance occurs from time to time. When there is an expected outage, DHS will publish information about this on the Hearing Services Program website, Health Professional Online Services Logon On page (<http://www.medicareaustralia.gov.au/hpos/>).

The Department's Business Intelligence Team - (for administrative support)

Tel 1800 500 726
Email hearing@health.gov.au

DHS e-Claim Helpdesk (9.00am to 5.00pm AEST/AEDT)

(for assistance with logging on, password resets and duplicate statement requests)

Tel (08) 8274 9370
Email co.hearing.services@humanservices.gov.au

Hearing Services Program Manual Claims - (for information relating to manual or rejected claims)

Tel 1800 500 726
Email hearing@health.gov.au

General online messages

The messages will be produced by the facility when attempting to upload a claim file.

1. Your file has been lodged successfully.
2. You have selected a file that contains no data. Check the file, correct any errors and press the button.
3. You are attempting to lodge a file that does not meet the standard EDI formats used by the DHS. Correct any errors that do not comply with these standards. Once you have made these corrections you may attempt again to lodge the file.
4. You are attempting to lodge a claim without first identifying the file to be uploaded.
Check the file selected, correct any errors and press the button.
5. You are attempting to lodge a file that has already been successfully transmitted.
6. You are attempting to lodge a file that contains a batch sequence number that is not in the correct sequence. Check the batch sequence number, correct any errors and press the button.
7. Your User-id does not match the nominated MCI. Check the MCI in the file, correct any errors and press the button.
8. Your User-id does not match the nominated Contractor Id. Check the Contractor Id in the file, correct any errors and press the button.

Claiming Rejection Codes

- 005 Date invalid must be in the format DD MM CCYY
- 007 Date of lodgement missing
- 008 Date of lodgement > date of processing
- 009 Date of lodgement < 1 November 1997
- 010 Practitioner number invalid
- 011 Practitioner number missing
- 012 Claim item number missing
- 013 This item cannot be claimed for this client
- 014 Site ID missing
- 015 Site ID invalid
- 016 Date of service missing
- 017 3FAHL missing
- 018 3FAHL invalid
- 019 Date of fitting missing
- 020 Date of fitting cannot be prior to 1 November 1997
- 021 Cost of device missing
- 022 Client maintenance payment to contractor invalid
- 023 Client number invalid
- 024 Voucher number invalid or incomplete
- 026 Client's or contractor's signature date missing
- 027 Claim item number is not a valid OHS claim item
- 029 Replacement must be from same ear as previous fitting
- 032 Date of fitting > date of lodgement
- 033 Date of service cannot be prior to reassessment date of service
- 034 Item is invalid at date of service
- 035 Client is not eligible for this service - lost eligibility
- 036 Claim received prior to date of service
- 037 Practitioner number invalid at date of service
- 038 Date of service cannot be prior to date of fitting
- 039 Device code missing
- 040 Device code invalid
- 041 Only one device code required
- 042 Device details not required
- 043 Date of fitting >= date of service
- 044 No reassessment item claimed
- 045 Device invalid at date of fitting
- 046 Restrictive item
- 047 Item has already been claimed
- 048 Initial assessment has not been claimed
- 049 No fitting item or self funded maintenance item
- 050 Duplicate item
- 051 Client is deceased
- 052 Device tier/category invalid

- 053 Date of service cannot be prior to date of initial assessment
- 054 Date of fitting cannot be prior to date of initial assessment
- 055 No fitting item or self funded maintenance item has been claimed
- 056 Date of fitting > 12 months from initial fitting
- 057 Date of fitting > 12 months from self funded maintenance item
- 058 Device tier/category missing
- 059 Date of service cannot be prior to date of initial assessment
- 060 Date of service < 12 months from initial fitting
- 061 Date of service < 12 months from previous maintenance
- 062 Client must be fitted with monaural aid
- 063 Client must be fitted with binaural aid
- 064 Only audiologists may claim this item
- 065 Date of service cannot be prior to 1 November 1997
- 066 Fitting shown is for same ear as previously fitted
- 067 Date of service must be within voucher issue and expiry date
- 070 Client maintenance payment to contractor is missing
- 071 Client maintenance payment to contractor is invalid
- 074 Device not from same or equivalent tier/category as previous fitting
- 075 Loss of eligibility not notified to OHS
- 076 Client is no longer eligible for any services
- 077 Cost of program invalid
- 078 Cost of program missing
- 079 Contractor name or signature not present/ client certification incomplete
- 080 Invalid contractor/provider number
- 081 Contractor/provider number missing
- 082 Authorised person name missing
- 094 Contractor not registered for date of service
- 096 Date of fitting > eligibility end date
- 097 No approval received or approval has expired
- 098 Date of fitting > approval expiry date
- 099 Date of service < 12 months from previous maintenance service
- 100 Client name missing
- 104 Client/ contractor signature date cannot be in the future
- 105 Signature date cannot be prior to claim date of service
- 106 Date of service > 12 months from the previous maintenance claim
- 111 Contractor cannot claim this item
- 112 Fitting must be claimed as a refitting
- 113 Date of service must be on or after maintenance renewal date
- 114 No history
- 115 Previous reassessment/refitting item claimed using this voucher
- 116 Signature date > 45 days prior to date of service
- 119 Unable to locate old device on item table
- 120 No fitting item claimed
- 121 Prior claim for this voucher/no voucher issued
- 122 No previous fitting recorded for this ear
- 123 Claim item is no longer payable

- 124 Item cannot be claimed manually
- 125 Only one fitting item per claim form
- 126 Date of service cannot be prior to 1 October 2000
- 128 Follow up date prior to date of service
- 129 Previous rehabilitation item claimed against this voucher
- 131 Follow up date missing
- 154 Client has binaural fitting
- 311 Practitioner not employed by Contractor at date of service
- 312 Client has not had an initial fitting
- 313 Follow-up must be =>2 weeks <=12 months after assessment
- 314 Cannot claim this item for assessments prior to 01/01/2008
- 315 Cannot claim this item after a Top-up fitting
- 316 This item cannot be claimed due to a previous related claim
- 317 Item cannot be claimed for a flag customer
- 800 ABN number has not been provided
- 801 ABN number invalid
- 802 GST registration not indicated
- 803 GST registration invalid
- 804 Income tax exemption not indicated
- 805 Income tax exemption invalid
- 806 Item GST/Benefit is incorrect
- 807 Device GST/Benefit is incorrect
- 808 Total GST/Benefit is incorrect
- 809 Item GST/Benefit is invalid
- 810 Device GST/Benefit is invalid
- 811 Total GST/Benefit is invalid
- 812 Item GST/Benefit is missing
- 813 Device GST/Benefit is missing
- 814 Total GST/Benefit is missing
- 815 Date of Service incorrect
- 816 Error on claim form/tax invoice
- 817 Total GST is incorrect
- 818 Total Benefit inclusive of GST is incorrect
- 819 Client is not DVA eligible
- 820 Item 777 required for DVA eligible client
- 821 Item 777 cannot be claimed
- 822 Item 888 required for DVA eligible client
- 823 Item 888 cannot be claimed
- 824 DOS/DOF pre/post 1 July 2000
- 996 Client has not signed claim form
- 997 Client is not eligible
- 998 Authorised person signature not present
- 999 Contractor/provider name not present

Glossary

Client	Means any Eligible Person who has been declared by the Minister under <i>section 13 of the Act</i> to be a participant in the Voucher system, described in the Act as a Voucher-holder, or who is the subject of a Letter of Authority
Contract	Means the conditions of engagement of the service provider and constitutes these terms and conditions including the <i>Schedules and the conditions of accreditation under the Act</i>
Date of Service	In relation to any particular aspect of the services means that date as defined in the <i>Schedule of Service Items</i>
Device	Means a hearing device approved under the Act for purposes of hearing rehabilitation and included in the <i>Schedule of Devices</i>
EDI	Electronic Data Interchange is the computer-to-computer exchange of routine business data between trading partners in standard data formats
DHS	Department of Human Services (on 1 July 2011 Centrelink, Medicare Australia, Child Support Agency and CRS Australia were integrated into the Department of Human Services. Learn more at (www.humanservices.gov.au)
e-Claim	An electronic claim
MCI	Minor Customer Identifier
Department	Means Department of Health
Party	Means the service provider or the Department
Practice	Means the conglomerate of activities that constitutes provision of services to Clients and includes the premises where those services are provided
Service Provider	Means an accredited service provider who by virtue of this contract is a contracted service provider within the <i>meaning of the Act</i> ,
Services	Means any hearing services and devices provided as part of a hearing assessment and rehabilitation program as specified in the standards from the commencement date
Site	Means any premises approved by the Department from the Department of Human Services the service provider provides services
Term of the Contract	Means the period referred to in clause 2
Voucher	Has the meaning given to it in the Act
Voucher Holder	Is an eligible person who holds a voucher; and
Working Days	Means all days except Saturday, Sunday and days declared as Public Holidays in the Australian Capital Territory.