



How to submit an approved Revalidated Service claim through the portal

Revalidate Service portal claim process

This process will be in effect from 1 July 2021.

Determine if the client's circumstances in hearing or health have changed significantly or if the reason to refit is urgent e.g. risk of harm/danger, if the service is not provided before their current voucher expires.

Then complete and submit an [online revalidation request](#) form by:

- Selecting either Reason A or Reason B, not both.
- If Reason B, select the Eligibility Criteria for Refitting (ECR) that has been met as well as the intended item number the service item number.

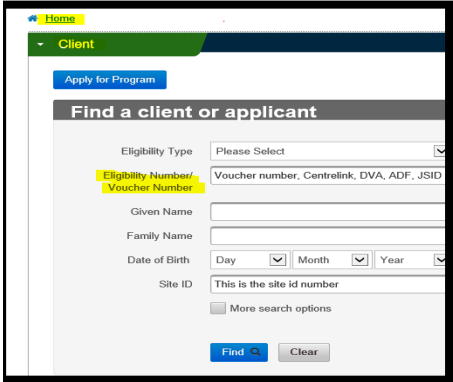


The form is dynamic and you will only be required to answer specific questions related to your request. Keep a copy of a completed request form, including all the supporting documentation on the client file. The application must be submitted and a submission number generated. Note this number and include this in any follow-up enquiries.

- The application will be assessed and an outcome determined, either approved or rejected.
- An email advising the outcome of revalidated request application will be sent within 7-10 days.

If **Approved** – provide the requested service to the client.

- Submit the claim through the portal against the individual client's current voucher.

How to submit the claim correctly through the HSO portal

1	<p>Log in to the portal, under the home tab, click open the client accordion and find the individual client record using their 4 points of ID or Voucher Number.</p> 
2	<p>To submit the revalidated service item, click the manual claim button, below the claims history.</p> 
3	<p>From the drop down select the CURRENT voucher no.</p> 

4	<p>Select the Date of Service.</p> <div data-bbox="225 192 924 264"> <input type="text" value="Date of Service*"/> <input type="text" value="Day"/> <input type="text" value="Month"/> <input type="text" value="Year"/> </div>
5	<p>Provider Reference Number field relates to your internal processes, this can be left blank.</p>
6	<p>Under Service Provider Details, enter the Organisation Name.</p> <div data-bbox="225 495 783 555"> <input type="text" value="Organisation Name"/> </div>
7	<p>Enter the Practitioner Number.</p> <div data-bbox="225 667 794 741"> <input type="text" value="Practitioner Number*"/> <input type="text" value="Start typing to select the practitioner number"/> </div>
8	<p>From the dropdown menu, select the Site ID.</p> <div data-bbox="225 853 810 927"> <input type="text" value="Site ID*"/> <input type="text" value="Please Select"/> </div>
9	<div data-bbox="225 1021 805 1153"> <p>Claim Details</p> <p>View Claims History</p> <p>Claim Status: <input type="text" value="New Claim"/></p> <p>Claim Type*: <input type="text" value="Revalidation"/></p> </div> <p>After Revalidation is selected, the Reason field will appear.</p> <div data-bbox="225 1249 817 1323"> <input type="text" value="Reason*"/> <input type="text" value="Please Select..."/> </div> <p>Select your Reason (Revalidation Reasons) using one of the below reasons in the drop-down menu:</p> <ul style="list-style-type: none"> a) Where an item 800 / 810 is required, select Reason A, or b) Where a refitting is required (Reason B) - select the ECR number.
10	<p>Enter the Pre-approval Number in the field provided.</p> <div data-bbox="225 1630 810 1704"> <input type="text" value="Pre-approval Number*"/> </div> <p>From the drop down menu, select the Item Number.</p> <div data-bbox="225 1800 817 1874"> <input type="text" value="Item Number*"/> <input type="text" value="Please Select..."/> </div>

11	<p>After the Item Number is entered, the Fitting Details fields will appear if a refitting item is selected.</p> <p>Enter the fitting details into the following fields – the Date of Fitting, the Device Code, and the 3FAHL values.</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="225 304 724 461"> <p>Left Ear</p> <p>Date of Fitting* 12 Jul 2021</p> <p>Device Code* B12345</p> <p>3 FAHL* 45</p> </div> <div data-bbox="751 304 1251 461"> <p>Right Ear</p> <p>Date of Fitting* 13 Jul 2021</p> <p>Device Code* N54321</p> <p>3 FAHL* 56</p> </div> </div>
12	<p>If the device is a top up device, a cost to client field will appear. Enter cost to client as a dollar value.</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="225 607 676 1010"> <p>Fitting Details</p> <p>Left or Right Ear Fitting? <input checked="" type="radio"/> Left <input type="radio"/> Right</p> <p>Date of Fitting* 3 Feb 2021</p> <p>Device Code* B123AUD</p> <p>Left Ear - 3 FAHL*</p> <p>Right Ear - 3 FAHL*</p> <p>Device Model Leox 7 BTE SP</p> <p>Device Category C2 - Includes Dispensing Fee</p> <p>Device Benefit (excluding GST) \$488.85</p> <p>GST \$0.00</p> <p>Device Benefit (including GST) \$488.85</p> <p>Top up Device? Yes</p> <p>Cost To Client* \$0</p> </div> <div data-bbox="703 607 1118 1010"> <p>Fitting Details</p> <p>Left Ear</p> <p>Date of Fitting* 5 Feb 2021</p> <p>Device Code* B122EVE</p> <p>3 FAHL* 45</p> <p>Device Model Sound SHD S13 Stream 7</p> <p>Device Category C2 - Includes Dispensing Fee</p> <p>Device Benefit (excluding GST) \$488.85</p> <p>GST \$0.00</p> <p>Device Benefit (including GST) \$488.85</p> <p>Top up Device? Yes</p> <p>Cost To Client* \$350</p> </div> </div>
12	<p>Read the certification statement, then tick the certification box if statement applies.</p> <div data-bbox="225 1122 887 1245"> <p><input type="checkbox"/> I certify that the details on this claim form are true and that this claim complies with contractual obligations for record keeping.</p> </div>
13	<p>Check the details have all been entered correctly before clicking the submit button</p> <div data-bbox="225 1346 887 1469"> <p style="text-align: center;"><input type="button" value="Submit"/> <input type="button" value="Cancel"/></p> </div>

***Approved Revalidated Service claims must be consistent with the pre-approved application or the claim will be rejected. All revalidated services and claim submission are subject to Audit and Compliance action.**