INFORMATION GUIDE

FOR

DAY PROCEDURE CENTRES

August 2016
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Overview

The Repatriation Commission and the Military Rehabilitation and Compensation Commission (the Commissions) have entered into a Day Procedure Centre Deed of Agreement with your organisation to provide Day Procedure Centre (DPC) services to Entitled Persons.

The Deed of Agreement between DVA and your organisation defines how the arrangements will work. You should familiarise yourself with the aspects of the Agreement relevant to your position. This Information Guide provides clarification of the arrangements only and the Deed of Agreement always takes precedence where questions arise.

The Department of Veterans' Affairs (DVA), on behalf of the Commissions, will work with you during the life of this Agreement to ensure the best outcomes for Entitled Persons, with minimal administrative impediments.

The provision of Hospital Services under your Agreement is to be in accordance with the following legislative frameworks:

a) the Treatment Principles and Repatriation Private Patient Principles made under the Veterans’ Entitlements Act 1986, or under the Military Rehabilitation and Compensation Act 2004, or under the Australian Participants in British Nuclear Tests (Treatment) Act 2006; and

b) the Safety, Rehabilitation and Compensation Act 1988.

In addition to its arrangements with DPCs, DVA has arrangements in place with both public and private hospitals. These arrangements ensure that Entitled Persons also have access to hospital services when they are needed.

Whilst the Deed of Agreement defines the term ‘Entitled Persons’, the terms ‘veteran/ war widow(ers)’, ‘dependant’, ‘veteran community’ or ‘patient’ used throughout this document should be read as having the same broader meaning.
1 Patient Eligibility

DVA advises Entitled Persons to present their Repatriation Health Card or their written letter of authorisation to hospital admission staff in order to access treatment under DVA arrangements.

Veterans who are Repatriation Card holders may also elect to be treated outside DVA arrangements. In those circumstances DVA is unable to accept financial responsibility for any part of the admission.

**Gold Card holders** are entitled to treatment of most conditions, however, prior financial authorisation must be sought for some services and treatment. These are:

- surgical/medical procedures not listed on the Medicare Benefits Schedule (MBS);
- specific treatments nominated in writing by DVA from time to time (e.g. cosmetic surgery); and
- prostheses not listed on the current DoH Prostheses Schedule.

**White Card holders** continue to be eligible for treatment only for those conditions for which DVA has specifically accepted financial responsibility. DVA will not be responsible for payment for the treatment of any person admitted to the DPC who, at the time of admission, was not an entitled veteran with eligibility for the treatment provided.

If a veteran presents a White Card and eligibility for treatment is uncertain, you should confirm eligibility with DVA to ensure treatment costs will be met by DVA. Prior approval is not required for White Card holders, however as stated eligibility should be confirmed. For emergency
treatment outside business hours, financial authorisation should be sought from
DVA on the first business day after the treatment has commenced or has been
received.

**Letters of Authorisation**

Holders of Letters of Authorisation may have treatment authorised under either
the Veterans’ Entitlements Act 1986, the Military Rehabilitation and Compensation
Act 2004, the Australian Participants in British Nuclear Tests (Treatment) Act 2006;
or the Safety, Rehabilitation and Compensation Act 1988. As provision of services
may vary amongst all four Acts, DPCs should contact the relevant DVA officers to
clarify entitlements and any specific billing arrangements.

1.1 **Seeking Prior Financial Authorisation**

To seek prior financial authorisation you should:

- contact DVA during business hours by telephoning 1300 550 457 (metro)
or 1800 550 457 (non-metro); or
- complete a hospital admission request or provide a written request from a
doctor, and fax it to DVA on (08) 8290 0422.

1.2 **Overnight Admissions**

DVA’s expectation is that appropriate pre-admission screening and discharge
planning is undertaken to ensure that veterans are able to undergo day services.
It is also expected that the Day Procedure Centre will provide a copy of the
discharge plan to the entitled person at the time of discharge and copy to the
entitled person’s LMO within forty-eight (48) hours of discharge. This is a specific
requirement at Part I (10) and I (11) of your Deed of Agreement.

1.3 **Department of Defence Arrangements**

All ADF Personnel admissions require prior financial authorisation from the
Department of Defence Local Joint Health Command. The contact details for state
based command offices are shown at Attachment 1. Claims for payment should
be sent to the relevant Department of Defence Joint Health Command. They
should not be sent to Department of Human Services (DHS) or DVA.
2 The Day Procedure Centre Deed of Agreement

The DPC Deed of Agreement between DVA and your organisation defines how the mutual arrangements work. You should familiarise yourself with all aspects of the Agreement relevant to your position and note that the Deed of Agreement takes precedence over the information provided in this Information Guide.

Your DVA Contract Manager (see Part H of your Deed of Agreement) is available to discuss any of the conditions of the Agreement, including:

- Treatment of Entitled Persons;
- Provision of Services;
- Admission, Transfer and Discharge Procedures;
- Charges; and
- Quality and Performance Management.
3 Admission, Transfer and Discharge

The DPC Deed of Agreement outlines admission, transfer and discharge requirements that apply to Entitled Persons. Detailed information is available in your Agreement on:

- Admission procedures and notification;
- Prior Financial Authorisation requirements;
- Transfer requirements;
- Discharge Planning protocols;
- Pre-discharge assessments;
- Discharge medications; and
- Discharge advice to Local Medical Officers or General Practitioners.


3.1 Hospital Admission Voucher
Completion of a Hospital Admission Voucher (form D652B) for each veteran patient is a requirement of the DPC Deed of Agreement. These documents must be kept with the patient’s medical records for audit purposes.


NB: Do not include the Hospital Admission Voucher with the claim sent for processing to DHS.
4 Contract Managers

Your organisation and DVA have each appointed a Contract Manager (or a Contract Liaison Officer) (Parts D and H of the Deed of Agreement) to ensure that services provided are consistent with DVA values and the Services Agreement.

The appointed staff will work together to establish a productive working relationship, maintain communications and jointly investigate all complaints by or on behalf of entitled persons.

4.1 Additional Information

General information is available on the DVA Hospitals Webpage including:

- The Group Accommodation and Theatre Banding (GATB) table;
- A list of DVA contracted Day Procedure Centres;
- The DPC Quality reporting template;
- A range of updated forms and certificates for DPC use; and
- A list of DVA-contracted Private Hospitals and Private Mental Health Hospitals.

The website is: http://www.dva.gov.au/providers/hospitals-day-procedure-centres-and-mental-health-private-hospitals

Other useful contact information is provided at Attachment 2.
5 Quality Standards

Quality Management

Quality management under DPC arrangements aims to continuously improve the effectiveness of veterans’ health care in terms of accessibility, appropriateness and efficiency, continuity and veteran satisfaction.

DVA acknowledges the significant developments in accreditation over recent years. With such robust accreditation requirements now in place, DVA has refined its Quality Reporting requirements to make the reporting process less onerous and repetitive.

DVA’s interest is in areas that particularly affect our client demographic (e.g. falls, discharge management, veteran complaints etc.).

Accreditation

The DPC must comply with the accreditation requirements specified in the Australian Health Services Safety and Quality Accreditation (AHSSQA) Scheme, including any Commonwealth or State laws or policies introduced as part of the implementation of the Scheme. The AQSSQA Scheme requires DPCs to be assessed to the National Safety and Quality Health Service (NSQHS) Standards.

The DPC must provide DVA with the details of its accreditation status, and must inform DVA of any changes to its accreditation status as they arise. DVA may request documentary evidence of the Day Procedure Centre’s accreditation at any time. The DPC has also consented to DVA obtaining data relating to Accreditation Outcome Results from the Australian Commission on Safety and Quality in Health Care.

Alternatively, DPCs will provide to DVA a report which identifies actions from the recent Accreditation Outcome Result report that have been ‘met with merit’ and actions which are ‘not met’. For actions that are ‘not met’ the report will identify whether these are ‘core’ or ‘developmental’.

Quality Reporting

During the life of the Agreement, DPCs are required to report the outcomes for each of the applicable clinical indicators for the indicator areas listed below, for Day Hospitals:

- Day Patient Clinical Indicators
- Infection Control Clinical Indicators (including Day Procedure Centres)
• Medication Safety Clinical Indicators
• Anaesthesia and Perioperative Care Clinical Indicators (if applicable)
• Ophthalmology Clinical Indicators (if applicable)
• Gastrointestinal Endoscopy Clinical Indicators (if applicable)
• Specialised facilities (if applicable)

DPCs are required to submit their Quality Report within four (4) months of the end of each twelve month period of July-June. The DPC Quality Reporting template for the 2015-16 financial year can be located on the DVA website at: http://www.dva.gov.au/sites/default/files/files/providers/hospitals/DayProcedureCentres-QualityReport.pdf.

The DPC Quality Report for the period covering the 2016-17 financial year and onwards will be available in late 2016 on the DVA website.
6 Information Management – Submitting HCP data

Within one month of each quarter (or on a more regular basis as agreed between your representative and DVA's Contract Manager), you must provide to DVA in electronic medium and without charge, information in respect of each veteran separation during the preceding quarter. The data must be supplied using the Hospital Casemix Protocol (HCP) format, as specified by the Department of Health (DoH), and split into monthly periods.

The HCP data provided will be based on the current HCP version or any future revisions as specified by DoH. It will be supplied using DVA's Secure File Transfer facility.

It is critical that the HCP data specification complies with the current DoH header and episode record, hospital-to-fund layout.


If you are not already submitting HCP data electronically, a nominated staff member within your DPC needs to contact DVA to obtain a copy of the Secure File Transfer Registration Form and Confidentiality Deed.

For this and further information please contact the DVA Secure Services Desk on 1300 301 575 or email:

- For Qld and NSW/ACT facilities – HCPDataNth@dva.gov.au
- For Vic, SA/NT, WA and Tas facilities – HCPDataSth@dva.gov.au
7 In Hospital Claims Release 6

The In Hospital Claims (IHC) system is an electronic billing system available to Private Hospitals and DPCs. It was developed by DHS in collaboration with DVA, the health care industry and the medical software industry. The IHC system is an extension of the DHS online claiming solutions which:

1) enables Private Hospitals and DPCs to submit electronic claims for processing without the requirement to send additional paperwork to DHS;
2) offers a secure connection between private hospitals, DHS and DVA and health funds; and
3) incorporates direct communication for providers with DHS and health funds in one transaction.

7.1 What are the advantages for facilities that move to DVA IHC?

• Facilities are able to submit DVA claims electronically for processing and payment. This may reduce administration and management costs.
• DVA’s IHC component is consistent with the system used for health funds.
• IHC contains an inbuilt automated veteran verification system that confirms whether a veteran’s patient details are correct.
• Electronic remittance advice statements detailing DVA’s payment of claims allow automated account reconciliation on request.
• Facilities can check the status of their hospital claim assessments and request processing and payment reports relating to claims through their claiming software.
• Certificate information (such as Acute Care Certificate) can be submitted electronically.
• The future ability to transmit Hospital Casemix Protocol (HCP) data via IHC eliminating the need to supply separately

7.2 What types of services are able to be claimed via IHC for DVA?

The following claim types can be claimed electronically using IHC:

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>Acute Care*</th>
<th>Critical care</th>
<th>In patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim claims</td>
<td>Miscellaneous charges</td>
<td>Overnight</td>
<td>Prosthesis</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Rehabilitation</td>
<td>Same day</td>
<td>Theatre</td>
</tr>
</tbody>
</table>

*Including certificates
7.3 What types of services cannot be claimed via IHC for DVA?
- Australian Defence Force personnel claims – claims should continue to be sent to the relevant Defence Local Joint Health Command for payment.
- Adjustments to previous claims – these claims should be manually submitted to DHS for payment.
- Some claims where Letters of Authority indicate other specific billing arrangements.

7.4 Is EFT mandatory for claims lodged through IHC?
Yes, Electronic Funds Transfer (EFT) is a mandatory part of the IHC registration process. Facilities are required to provide their EFT details as part of the IHC registration process. For further information contact DHS on 1800 700 199.

7.5 Are remittance advices available electronically through IHC?
Yes, a facility can retrieve a remittance advice through their software for up to six months from the date of payment. After six months have lapsed, the facility will need to contact DHS Processing Centres on 1300 550 017 to request duplicate statements.

7.6 What happens to paperwork when claiming via IHC?
Facilities are required to retain auditable records; these may be in paper form or electronic. DHS does not require paperwork to process the claims. Facilities no longer need to submit the Admission and Discharge Advice Form when claiming via IHC.

Paperwork that would normally be submitted with a claim for payment, such as Intensive Care Certificates, no longer need to be submitted. An electronic/paper record should be kept by the facilities as part of the patient’s medical record for audit purposes.

7.7 Can a claim be submitted if IHC is unable to identify a veteran?
No, if a veteran verification request does not identify the veteran, the facility should either:
- check the details with the Veteran, or
- contact their local DVA Office on 1300 550 457 to confirm the veteran’s details, and
- correct the details before submitting the claim.

Where the process does not verify a veteran’s details, the claim will be rejected.
7.8 Will a claim be paid if IHC identifies a veteran patient?
In most cases yes, however the claim must meet all DVA’s business rules. The process does not check a veteran’s accepted conditions; a claim could still be rejected for reasons relating to the accepted condition, such as limited eligibility.

7.9 Do facilities need to check a veteran’s accepted conditions?
Yes, under DVA contracting arrangements it is the facility’s responsibility to ensure that a veteran has eligibility for the requested treatment before admitting a patient at DVA’s expense.
If a facility is unsure of a veteran’s eligibility (for example, White Card holders), they should contact the DVA provider line on 1300 550 457 for confirmation.

7.10 Are DVA prior approvals required for IHC?
Prior approval requirements are specified within contractual agreements for certain items. IHC has not changed any of DVA’s prior approval requirements. Please check your contract for these requirements.

7.11 How do facilities get access to IHC?
The facility should contact the software vendor that currently supplies their billing software. The software vendor should call DHS Online Technical Support on 1300 550 115 for advice and assistance.
Each DPC must be registered to use IHC. DHS eBusiness Service Centre can assist your facility with registering for IHC and can be contacted on 1800 700 199.
All sites submitting claims electronically through IHC require a digital certificate that ensures the security of claims lodged online. DHS eBusiness Service Centre will also assist with registering for digital certificates.

7.12 How do facilities using in-house software get access to IHC?
DPCs using in-house software or facilities who do not have a software vendor should contact DHS Online Technical Support on 1300 550 115 for advice and assistance on the steps required to incorporate IHC functions into their software.

7.13 Who does my software vendor contact for information on IHC?
If your software vendor is unaware of IHC and requires further information they should contact DHS Online Technical Support on 1300 550 115 for advice and
assistance on the steps needed to incorporate IHC functions into their existing software products.

7.14 Who should I contact for more information?

If you are a DPC staff member seeking more information about the products available, or to register for IHC, you should contact the DHS eBusiness Service Centre on 1800 700 199.

Software Vendors

Enquiries from software vendors should be directed to DHS Online Technical Support via email: onlineclaiming@dva.gov.au or by phone: 03 6221 6725.
8 Billing Arrangements

8.1 Where to send manual claims

DHS is an agent for DVA and claims will be processed in accordance with DVA’s policies and procedures. Amounts are paid in accordance with contracted or negotiated rates. For DPCs that do not claim electronically, accounts can still be submitted for payment. Accounts should be mailed according to State of DPC:

SA - NT - WA - NSW - ACT  VIC - TAS - QLD
send claims to:  send claims to:
Veterans’ Affairs Processing  Veterans’ Affairs Processing
Hospital Provider Claims  Hospital Provider Claims
DHS-Medicare Programs  DHS-Medicare Programs
PO Box 9917  PO Box 9917
PERTH  WA  6848  MELBOURNE  VIC  3001

8.2 Prompt Payment

Claims submitted to DHS should be on the DVA Discharge Advice and Hospital Claim Form (D653A). Incomplete, inaccurate or illegible information can cause delays in payment. Please include sufficient information with your claim to ensure prompt and accurate processing. Claims must be itemised using the item numbers that apply at the date of service. Claims which are incorrectly completed, e.g. without item numbers, admission date or principal diagnosis code, will be rejected and returned for correction.

8.3 Account Enquiries

Day Procedure Centre account enquiries should be directed to DHS on: 1300 550 017 (local call cost). Should a DPC have issues with the timeliness of payment of correctly rendered invoices, this should be raised with their DVA Contract Manager.

8.4 D653A – Discharge Advice and Hospital Claim Form

The DVA Discharge Advice and Hospital Claim (form D653A) should be used for all Day Procedure Centre and prostheses claims. It is comprised of two copies:

1. Departmental Claim Copy; and
2. Hospital Copy.

Please forward the ‘Departmental Claim Copy’ to DHS for claiming purposes, and retain the ‘Hospital Copy’ for your records.
8.5 Completing the D653A Discharge Advice and Hospital Claim Form

Hospital/DPC Details: This section should contain the facility name, address and provider number.

Patient Details: Required details for each patient:
- DVA File Number
- Patient Surname
- Given name(s)
- Date of Birth

![D653A Discharge Advice and Hospital Claim Form](image)
Dates of Service: Insert the date of service FROM (i.e. admission date) and the date of service TO (i.e. day prior to discharge). In most cases for DPCs these dates will be the same. An example for completing the dates of service is shown below:

☑ Correct claim

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>No of Days</th>
<th>Item No</th>
<th>Total Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/10/15</td>
<td>01/10/15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☒ Incorrect claim

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>No of Days</th>
<th>Item No</th>
<th>Total Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/10/15</td>
<td>02/10/15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of days: Insert the number of occupied bed days being claimed. The first and last day of an inpatient stay are counted as one day in total.

Item Numbers: Insert the item numbers from your Agreement. Item numbers not within your Agreement cannot be claimed.

Total Claimed: Insert the accommodation amount claimed in accordance with contracted or negotiated rates.

Theatre Date: Insert the date the operation or procedure was performed.

Total Claimed: Insert the theatre amount claimed for each MBS item. Payment will be made in accordance with contracted or negotiated rates.

Procedure Item No: Insert the appropriate MBS procedure item number and procedure fee item that are relevant to the service provided.


Handling charges for prosthesis items need to be billed individually and not included in a total prosthesis charge.
The handling charge item number to claim is QA00, which is set at 5% of the prosthesis price and capped at $150.00. An example of how to claim the handling charge is shown below:

<table>
<thead>
<tr>
<th>Prosthesis Item No.</th>
<th>Total claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>JJ014 (*10)</td>
<td>$ 89.00</td>
</tr>
<tr>
<td>QA00</td>
<td>$ 4.45</td>
</tr>
<tr>
<td>JJ015 (*2)</td>
<td>$200.00</td>
</tr>
<tr>
<td>QA00</td>
<td>$ 10.00</td>
</tr>
</tbody>
</table>

**Miscellaneous:** This section is used for DVA miscellaneous items e.g. Non-listed Prostheses, high cost medical devices. Do not include items of a personal nature such as newspapers, haircuts, personal laundry, phone calls and television charges. These are not paid by DVA.

**Principal ICD-10 Code:** The Principal Diagnosis code describes non-surgical treatment and is always required where the Medical patient classification applies. This information is required to validate the group accommodation claimed within the Medical patient classification. This section should contain ICD-10 codes only (not Diagnosis-Related Groups).

**Interim accounts:** Tick ‘Interim’ if this is part of a continuation claim. Tick ‘Final’ if this is the only claim for that patient’s admission.

**Separation code:** Include the relevant code from the following list:

- A  Discharge by Hospital
- B  Discharge own risk
- C  Transferred to nursing home
- D  Transfer to psychiatric hospital
- E  Transfer to other hospital
- F  Death with autopsy
- G  Death without autopsy
- H  Transferred to other accommodation
- I  Type change separation
- R  Deceased
- S  Still an in-patient
W Nursing home
X Other hospital
Z Home

Admitted for treatment of: Insert the condition treated. Where additional space is required, please put details in miscellaneous box.

Name of treating doctor: Insert the name of the doctor providing treatment.

Place to which discharged: Indicate the place to which the person was discharged, e.g. home, aged care facility, family care.

Admission date: Insert the date the person was admitted. This information is also required for interim accounts.

Discharge date: Insert the date of discharge. If this is an interim account, leave the section blank.

Your reference/invoice no: This information is optional, but will appear on your statement if provided.

Patient Declaration: The patient must sign to certify services claimed have been received. If the patient is unable to sign, the patient's agent or Authorised Officer must sign.

Claimant Declaration: The form must be signed by an Authorised Officer.
8.6 How to claim packages

_Disclaimer_ - The scenarios and prices included in the examples below are fictitious and have been developed for the purposes of claiming examples.

Case payments for short stay MBS (single or multiple) procedures include all admitted patient services, same day accommodation fees, theatre and expenses.

In the example below, a veteran undergoes an Endoscopy (MBS item 30475) on 1 October 2015.

**Short Stay MBS**

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>No. of Days</th>
<th>Item No</th>
<th>Total Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 01/10/15</td>
<td>To 01/10/15</td>
<td>1 H450</td>
<td>$700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theatre Date</th>
<th>Total Claimed</th>
<th>Procedure Item No</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/10/15</td>
<td>30475</td>
<td></td>
</tr>
</tbody>
</table>

In this example, H450 is the DVA item number for the complete case payment as per Tables 1 and 2 in Attachment 1 of your Agreement. The MBS item number should still be noted in the ‘Theatre’ section of the Discharge Advice and Hospital Claim form. No additional theatre fee can be billed if a case payment is claimed.

**Or**

**Multiple Procedure**

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>No. of Days</th>
<th>Item No</th>
<th>Total Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 01/10/15</td>
<td>To 01/10/15</td>
<td>1 H291</td>
<td>$1200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theatre Date</th>
<th>Total Claimed</th>
<th>Procedure Item Nos</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/10/15</td>
<td></td>
<td>32090 &amp; 30473</td>
</tr>
</tbody>
</table>

In this example, H291 is the DVA item number for the complete case payment as per Tables 1 and 2 in Attachment 1 of your Agreement. The MBS item number should still be noted in the ‘Theatre’ section of the Discharge Advice and Hospital Claim form. No additional theatre fee can be billed if a case payment is claimed.

**Or**

**Other packages**

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>No. of Days</th>
<th>Item No</th>
<th>Total Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 01/10/15</td>
<td>To 01/10/15</td>
<td>1 H281</td>
<td>$350</td>
</tr>
</tbody>
</table>

This example applies to any package included in Tables 6, 7, 8a, 8b and 9 of your Agreement. In this example, H281 is the DVA item number for the complete package.
8.7 When does a procedure fee item apply?

The agreed procedure fee item applies where a facility undertakes only the procedure fee component of an agreed package rate. Put simply, this means the agreed procedure fee replaces the theatre fee.

**Example 1**

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>No. of Days</th>
<th>Item No</th>
<th>Total Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 01/10/15</td>
<td>To 01/10/15</td>
<td>H292</td>
<td>$700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theatre Date</th>
<th>Total Claimed</th>
<th>Procedure Item No</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/10/15</td>
<td>$300</td>
<td>32905 (65)</td>
</tr>
</tbody>
</table>

In this example, a veteran undergoes two separate procedures at the same time where no Multiple Procedure Package has been agreed.

The facility would claim under the package for the first procedure PLUS the appropriate multiple procedure rule rate (as per their Deed of Agreement) from the Procedure Fee table for the second procedure. The procedure item number should be included in the ‘Theatre’ section of the Discharge Advice and Hospital Claim form.

**Example 2**

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>No. of Days</th>
<th>Item No</th>
<th>Total Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 01/10/15</td>
<td>To 01/10/15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theatre Date</th>
<th>Total Claimed</th>
<th>Procedure Item No</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/10/15</td>
<td>$450</td>
<td>32084 (61)</td>
</tr>
</tbody>
</table>

In this example, a patient undergoes a procedure and unexpectedly requires transfer to an acute hospital.

The facility would not claim an accommodation rate as accommodation is not payable to the transferring facility. The transferring facility is only eligible for payment of the procedure. The facility should indicate that this is the case by inserting the procedure fee item in the ‘Theatre’ section of the Discharge Advice and Hospital Claim form.

In this instance, when completing the Discharge Advice and Hospital Claim form you should put ‘E’ in the ‘Separation Code’ field, to indicate that the patient has been transferred to another hospital, and in the ‘Place to which discharged’ field, state that the patient has been transferred to an acute hospital.
8.8 How do you claim when you have a package rate for both procedures?

If there is a package rate for either or both agreed packages, you charge the highest paid package fee and for the second and subsequent procedure you will charge the appropriate multiple procedure rule (as per the Deed of Agreement). The procedure item number should be included in the ‘Theatre’ section of the Discharge Advice and Hospital Claim form.

8.9 Accommodation charges for Same Day Patients

Your facility will levy accommodation charges for Same Day Patients in accordance with the Band Definitions. Your facility is not to duplicate accommodation charges for multiple procedures performed on the same patient.

Band definitions:

<table>
<thead>
<tr>
<th>BAND 1</th>
<th>Certain minor surgical items and non-surgical procedures that do not normally require anaesthesia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b) Professional attention that embraces all other day admissions to hospital not related to bands 2, 3 or 4.</td>
</tr>
<tr>
<td>BAND 2</td>
<td>Procedures (other than Band 1) carried out under local anaesthetic with no sedation.</td>
</tr>
<tr>
<td>BAND 3</td>
<td>Procedures (other than Band 1) carried out under general or regional anaesthesia or intravenous sedation. Theatre time (actual time in theatre) less than one hour.</td>
</tr>
<tr>
<td>BAND 4</td>
<td>Procedures (other than Band 1) carried out under general or regional anaesthesia or intravenous sedation. Theatre time (actual time in theatre) one hour or more.</td>
</tr>
</tbody>
</table>

8.10 How do you claim where your facility has no package?

<table>
<thead>
<tr>
<th>Date of Service From</th>
<th>To</th>
<th>No. of Days</th>
<th>Item No</th>
<th>Total Claimed</th>
<th>Theatre Date</th>
<th>Total Claimed</th>
<th>Procedure Item No</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/10/15</td>
<td>01/10/15</td>
<td>H280</td>
<td>$250</td>
<td>01/10/15</td>
<td>As per theatre band 2 price</td>
<td>30487</td>
<td></td>
</tr>
</tbody>
</table>
As stated above in section 8.9, you apply the accommodation charge for Same Day Patients in accordance with the Band Definitions. In this example where the anaesthetic sedation is greater than one hour, the facility would claim same day accommodation band 4 (H280).

Where no package rate or procedure fee rate exists for a procedure, your facility will need to access the Group Accommodation Theatre Banding (GATB) schedule to determine the appropriate theatre band for the procedure and then apply the multiple procedure rule for second and subsequent procedures. The GATB which is regularly updated can be found on the DVA website at: http://www.dva.gov.au/sites/default/files/files/providers/hospitals/cmbs1.pdf.

8.11 Day Only Procedure Certification and Overnight Stay Certification

When a patient undergoes a Type C procedure within an acute facility, Day Only Procedure Certification is required. Certification is not normally required for Theatre Band 1 admissions (e.g. chemotherapy, dialysis etc.). On all occasions where a patient is provided with an anaesthetic as a day only patient, details of the anaesthetic are required.

Overnight Stay Certification is also required when a patient undergoes a Type B procedure and then requires an overnight stay in hospital.

These certificates should be sent with the Discharge Advice and Hospital claim form (D653A) to DHS for claims processing.

8.12 High Cost Medical Devices

DVA will meet the costs associated with the use of High Cost Medical Devices (HCMD) where it is considered not reasonably included in the theatre fees. As a guide, items valued at $250 or less would generally not be considered high cost. As all disposable and consumable items are considered to be included in the theatre fee payable for the procedure, the item should only be used in exceptional circumstances. HCMD claims should only be used when a theatre or surgical package item is claimed. Claims for HCMD do not require prior approval. Claims are to be itemised (i.e. multiple items are not to be added together) and based on invoice price from the supplier. No handling charge is payable for the items. DVA has implemented a post payment monitoring regime to examine the nature and type of items claimed and reserves the right to view the relevant supplier invoices.
9 Claim Stationery

Hospital Admission Voucher (D652), and Discharge Advice and Hospital Claim Form (D653):
Admission Vouchers, Discharge Advice and Claim forms can be downloaded and filled in electronically, saved and printed for manual claiming:

Acute Care Certificate Form:
The Acute Care Certificate form can also be downloaded from the DVA website:
10 Advertising

Advertising requirements are set out in Part K (7) of your Agreement.

Advertising to veterans and others in relation to the awarding and operation of this agreement is permitted, subject to the prior written approval of DVA. This is to ensure that DVA can consider any information issued which may be interpreted by DVA stakeholders as having reference to or the endorsement of the Department. It includes (but is not limited to) the following:

Letters to:

- Veterans
- Ex-Service Organisations
- specialists and medical practitioners
- allied health providers

Advertising in:

- print and electronic media
- journals and professional association newsletters
- Ex-Service Organisation publications
- pamphlets and brochures.

You should discuss your advertising needs with your DVA Contract Manager and provide them with a copy of all material that is published for DVA records.
**ATTACHMENT 1: CONTACT DETAILS FOR THE DEPARTMENT OF DEFENCE JOINT HEALTH COMMAND**

<table>
<thead>
<tr>
<th>Joint Health Command</th>
<th>Phone: (07) 3332 4900</th>
<th>Point of contact for both North &amp; South Queensland</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regional Health Service - Queensland</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallipoli Barracks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lloyd Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENOGGERA QLD 4051</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Regional Health Service – Central &amp; West</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leeuwin Barracks</td>
<td>Phone: (08) 9311 2832</td>
<td>Point of contact for WA, SA &amp; NT</td>
</tr>
<tr>
<td>EAST FREMANTLE WA 6158</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Regional Health Service – Northern NSW</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defence Plaza</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 17, 270 Pitt St</td>
<td>Phone: (02) 9393 2518</td>
<td>Point of contact for Sydney metro/regional areas and northern NSW</td>
</tr>
<tr>
<td>SYDNEY NSW 2000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Regional Health Service – Victoria &amp; Tasmania</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 1, M Block</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victoria Barracks</td>
<td>Phone: (03) 9282 7070</td>
<td>Point of contact for VIC (including Albury/Wodonga military area) and TAS</td>
</tr>
<tr>
<td>256-310 St Kilda Road</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOUTHBANK VIC 3006</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Regional Health Service – Southern NSW</strong></td>
<td>Phone: (02) 6265 9413</td>
<td>Point of contact for ACT and southern NSW</td>
</tr>
<tr>
<td>Duntroon Garrison</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morshead Drive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMPBELL ACT 2612</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**ATTACHMENT 2: DVA Quick Contact List**

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Veterans’ Affairs – Provider Line:</td>
<td>8.30 am to 5.00 pm. (EDST)</td>
</tr>
<tr>
<td>Prior Financial Authorisation and Eligibility for treatment (Admission/Health approvals)</td>
<td>1300 550 457 (metro)</td>
</tr>
<tr>
<td></td>
<td>1800 550 457 (non-metro)</td>
</tr>
<tr>
<td></td>
<td>Fax: (08) 8290 0422</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs (RAP, Community Nursing, VHC, Aged Care, Respite Care, Oxygen, Convalescent Care)</td>
<td>1300 550 457 (metro)</td>
</tr>
<tr>
<td></td>
<td>1800 550 457 (non-metro)</td>
</tr>
<tr>
<td>Veterans’ Transport Services</td>
<td>1300 550 455 (metro)</td>
</tr>
<tr>
<td></td>
<td>1800 550 455 (non-metro)</td>
</tr>
<tr>
<td>Pharmaceuticals</td>
<td>1800 552 580 (24 hours per day)</td>
</tr>
<tr>
<td>Veterans’ Affairs Pharmaceutical Approvals Centre (VAPAC)</td>
<td></td>
</tr>
<tr>
<td>Veterans and Veterans Families Counselling Service (VVCS)</td>
<td>1800 011 046</td>
</tr>
<tr>
<td>Notification of change in organisational details (Please notify both the Department of Health and DVA)</td>
<td>(02) 6289 9853 or Email: <a href="mailto:privatehealth@health.gov.au">privatehealth@health.gov.au</a></td>
</tr>
<tr>
<td>Department of Health</td>
<td></td>
</tr>
<tr>
<td>Department of Veterans’ Affairs</td>
<td>1300 550 457 (metro)</td>
</tr>
<tr>
<td></td>
<td>1800 550 457 (non-metro)</td>
</tr>
<tr>
<td>Department of Veterans’ Affairs – General Freedom of Information and privacy request or Reporting a death to DVA</td>
<td>133 254</td>
</tr>
<tr>
<td></td>
<td>1800 555 254</td>
</tr>
<tr>
<td>Claim for Payment enquiries</td>
<td>1300 550 017</td>
</tr>
<tr>
<td>Department of Human Services</td>
<td></td>
</tr>
<tr>
<td>DHS – Medicare Programs (as agent for DVA)</td>
<td></td>
</tr>
</tbody>
</table>