



Australian Government

Department of Veterans' Affairs

INFORMATION GUIDE

FOR

DAY PROCEDURE CENTRES

April 2018

Table of Contents

1	PATIENT ELIGIBILITY	4
1.1	SEEKING PRIOR FINANCIAL AUTHORISATION.....	5
1.2	ADMISSIONS	5
1.3	DEPARTMENT OF DEFENCE ARRANGEMENTS.....	5
2	THE DAY PROCEDURE CENTRE SERVICES AGREEMENT	5
3	ADMISSION, TRANSFER AND DISCHARGE	6
3.1	HOSPITAL ADMISSION VOUCHER	7
3.2	DISCHARGE ADVICE AND HOSPITAL CLAIM FORM	7
4	CONTRACT MANAGERS	7
4.1	ADDITIONAL INFORMATION	7
5	QUALITY AND PERFORMANCE MANAGEMENT.....	8
5.1	QUALITY	8
5.2	ACCREDITATION	8
6	INFORMATION MANAGEMENT – SUBMITTING HCP DATA	9
7	IN HOSPITAL CLAIMS	9
7.1	WHAT ARE THE ADVANTAGES FOR FACILITIES THAT MOVE TO DVA IHC?	9
7.2	WHAT TYPES OF SERVICES ARE ABLE TO BE CLAIMED VIA IHC FOR DVA?.....	10
7.3	WHAT TYPES OF SERVICES CANNOT BE CLAIMED VIA IHC FOR DVA?	10
7.4	IS EFT MANDATORY FOR CLAIMS LODGED THROUGH IHC?	10
7.5	ARE REMITTANCE ADVICES AVAILABLE ELECTRONICALLY THROUGH IHC?	10
7.6	WHAT HAPPENS TO PAPERWORK WHEN CLAIMING VIA IHC?	10
7.7	CAN A CLAIM BE SUBMITTED IF IHC IS UNABLE TO IDENTIFY A VETERAN?	10
7.8	WILL A CLAIM BE PAID IF IHC IDENTIFIES A VETERAN PATIENT?.....	11
7.9	DO FACILITIES NEED TO CHECK A VETERAN’S ACCEPTED CONDITIONS?	11
7.10	ARE DVA PRIOR APPROVALS REQUIRED FOR IHC?	11
7.11	HOW DO FACILITIES GET ACCESS TO IHC?	11
7.12	HOW DO FACILITIES USING IN-HOUSE SOFTWARE ACCESS IHC?.....	11
7.13	WHO DOES MY SOFTWARE VENDOR CONTACT FOR INFORMATION ON IHC?	11
7.14	WHO SHOULD I CONTACT FOR MORE INFORMATION?	11
8	BILLING ARRANGEMENTS.....	12
8.1	WHERE TO SEND MANUAL CLAIMS.....	12
8.2	PROMPT PAYMENT	12
8.3	ACCOUNT ENQUIRIES	12
8.4	D653A – DISCHARGE ADVICE AND HOSPITAL CLAIM FORM	12
8.5	COMPLETING THE D653A DISCHARGE ADVICE AND HOSPITAL CLAIM FORM	12
8.6	HOW TO CLAIM PACKAGES.....	14
8.7	TRANSFER TO ANOTHER HOSPITAL	15
8.8	ACCOMMODATION CHARGES FOR SAME DAY PATIENTS.....	15
8.9	HOW DO YOU CLAIM WHERE YOUR FACILITY HAS NO PACKAGE?.....	16
8.10	DAY ONLY PROCEDURE CERTIFICATION AND OVERNIGHT STAY CERTIFICATION	16
8.11	HIGH COST MEDICAL DEVICES	16
9	CLAIM STATIONERY	17
10	ADVERTISING	17
	ATTACHMENT 1 – CONTACT DETAILS FOR THE DEPARTMENT OF DEFENCE JOINT HEALTH COMMAND.....	18
	ATTACHMENT 2 – DVA QUICK CONTACT LIST	19
	ATTACHMENT 3 - DISCHARGE ADVICE AND HOSPITAL CLAIM.....	20

DISCHARGE ADVICE AND HOSPITAL CLAIM

Claim number

Staple attachments here

The information sought on this form is required for provider verification and claim processing. This information will be used by Medicare Australia to process the payment.

Please print clearly in BLOCK letters.

Name and address of hospital	Hospital provider number
	DVA file number

Patient Surname	Given names	Date of birth / /
-----------------	-------------	----------------------

Dates of Service		No. of days	Item No.	Total Claimed	Theatre Date	Procedure Item No.	Total Claimed
From	To						
/ /	/ /			\$	/ /		\$
/ /	/ /			\$	/ /		\$
/ /	/ /			\$	/ /		\$
/ /	/ /			\$	/ /		\$
/ /	/ /			\$	/ /		\$
/ /	/ /			\$			\$
/ /	/ /			\$			\$
/ /	/ /			\$			\$

Miscellaneous	Prosthesis Item No.	Total Claimed
		\$
		\$
		\$
		\$
		\$

Principal ICD-10 Code	Is this account interim or final? Interim <input type="checkbox"/> Final <input type="checkbox"/>	Separation Code
	Is this a readmission within 7 days? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Admitted for treatment of

Name of treating Doctor	Place to which discharged
-------------------------	---------------------------

Admission date / /	Discharge date / /	Your reference/invoice No.
-----------------------	-----------------------	----------------------------

Patient Declaration I certify that I have received the services described on this claim.
I am not entitled to claim third party or worker's compensation for these services.

Patient Signature _____ / /

OR I certify the patient is unable to sign

Agent/Authorised Officer Signature _____ / /

Declaration I claim payment for the services specified above and certify that:

- to the best of my knowledge and belief all information given above is true
- all of the amounts claimed are for services rendered
- all of the amounts claimed are for services payable by the Department of Veterans' Affairs
- the patient required acute care for the whole of the period between the dates of service shown.

Authorised Officer _____ / /

OVERVIEW

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

The Services Agreement between Department of Veterans' Affairs (DVA) and your organisation defines how the arrangements will work. This Information Guide provides clarification of the arrangements only and the Services Agreement always takes precedence where questions arise.

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; or
- b) the *Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988* (DRCA)

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 Services 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.

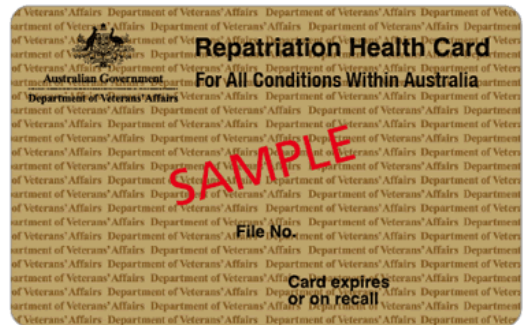
1 Patient Eligibility

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 Department of Health (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 (Defence-related Claims) Act 1988* (DRCA). 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 1800 550 457 (Option 3) or
- download, complete and email the DVA Prior Approval form [D1328 – Treatment Prior Financial Approval Request](#) (available from the DVA website); or
- provide a written request that contains all the elements from the D1328 Treatment Prior Financial Approval form from a doctor and email it to the DVA Health Approval mailbox at health.approval@dva.gov.au.
- For additional information on phone numbers to use to contact DVA refer to **Attachment 2 – DVA Quick Contact List**

1.2 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.

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 - Contact Details Department of Defence Joint Health Command**.

Claims for payment for accounts for Department of Defence admissions 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 Services Agreement

The commencement of a new Day Procedure Centre Services Agreement in 2017 included a shift to a new procurement model. Responding to industry and government requests to reduce red tape, DVA developed a simplified method of engagement involving a standard contract and an ability for providers to commence service delivery simply by accepting DVA's terms and conditions, with the only negotiation being around prices.

A key aspect of the new model is that there is no end date in the Day Procedure Centre Services Agreement. This avoids the need for a tender process at set intervals. While the new agreement does not have an end date, there is still a need for regular adjustment to ensure that the arrangements reflect current legislation, government policy and broader industry trends. The DPC Services Agreement therefore provides for the unilateral variation of the Agreement by DVA with three months' written notice (clause 11.7 of the Agreement). The clause requires DVA to act in good faith, consistent with the requirement, as a Commonwealth agency, to act as a model contractor.

It is DVA's intention that clause 11.7 will only be used in the following circumstances:

- Where DVA is obliged by the Government or other Commonwealth agencies to reference and incorporate new legislation or policy into the Agreement;
- To correct typographical errors and to update references to other documents, to websites and contact information; and
- Where DVA wishes to change policy or standards for all contracted private Day Procedure Centre providers, and does so following an appropriate period of industry-wide consultation.

It is expected that amendments would occur no more frequently than annually, bar exceptional circumstances. Separate to this, DVA will continue to enter into deeds of variation with DPCs service providers to reflect the changes to fees and charges that are agreed through the annual fee review process under clause 6.1 of the Agreement.

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

Your DVA Contract Manager (see Clauses 11.1 and 11.5 of your Services Agreement) is available to discuss any of the conditions of the Agreement, including:

- Treatment of Entitled Persons;
- Services and Charges;
- Quality and Performance Management;
- Admission, Transfer and Discharge Procedures;
- Fee review;
- Payment;
- Information Management;
- Risk Management; and
- Contract Administration

3 Admission, Transfer and Discharge

The DPC Services 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;
- Discharge advice to Local Medical Officers or General Practitioners; and
- Post-discharge services.

DVA publishes a Discharge Planning Checklist which identifies important aspects to consider in the discharge process. The checklist is available at:

<https://www.dva.gov.au/sites/default/files/files/providers/hospitals/Discharge%20Planning%20Checklist.pdf>.

DVA also publishes a [Discharge Planning Resource Guide](#) which provides information on DVA and community based services available to entitled persons and which may be of assistance in planning an effective discharge. The Discharge Planning Resource Guide is available at:

https://www.dva.gov.au/sites/default/files/files/providers/hospitals/discharge_planning_resource_guide.pdf

Additional information on admission and discharge can be found within DVA Fact Sheet “HSV74 - Hospital Services” at [http://factsheets.dva.gov.au/factsheets/documents/HSV74 Hospital Services](http://factsheets.dva.gov.au/factsheets/documents/HSV74_Hospital_Services)

It is expected that the Day Procedure Centre will provide a copy of the discharge plan to the entitled person at the time of discharge and a copy to the entitled person's LMO within forty-eight (48) hours of discharge. Provision of the discharge plan to the LMO/GP is a contractual requirement outlined in the DPC Services Agreement.

3.1 Hospital Admission Voucher

Completion of the DVA Hospital Admission Voucher (or a hospital's own form) within 2 business days of admission for each veteran patient is a requirement of the DPC Services Agreement. The Hospital Admission Voucher must be kept with the patient's medical records for audit purposes. The Hospital Admission Voucher will include provision for the signature of the Entitled Person authorising disclosure of Clinical Information. **NB: Do not include the Hospital Admission Voucher with the claim sent for processing to DHS.**

The DVA Hospital Admission Voucher can be downloaded from the DVA website at: <http://www.dva.gov.au/sites/default/files/dvaforms/D0652B.pdf>

3.2 Discharge Advice and Hospital Claim form

The DPC is to retain a copy of the Discharge Advice and Hospital Claim form in paper or electronic form and must make the form available to DVA upon request along with the Discharge Planning documentation used to develop the discharge summary.

The DVA Discharge Advice and Hospital Claim form can be downloaded from the DVA website at: <https://www.dva.gov.au/sites/default/files/dvaforms/D0653A.pdf>

4 Contract Managers

Your organisation and DVA have each appointed a Contract Manager (see Clauses 11.1.1 and 11.1.2 of the Services 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 and Day Procedure Centres 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 DVA Hospitals webpage can be found at: <http://www.dva.gov.au/providers/hospitals-day-procedure-centres-and-mental-health-private-hospitals>

5 Quality and Performance Management

5.1 Quality

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

5.2 Accreditation

DPCs 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 its implementation. The Scheme requires DPCs to be assessed to the National Safety and Quality Health Service (NSQHS) Standards. For the reporting period 1 July 2017 – 30 June 2018 and beyond, there will be a new Quality Reporting template (in Excel format) that is to be used by DPCs. This new reporting template will enable DPCs to advise DVA of their Accreditation Status and also to include details of actions as detailed on their Accreditation Outcome Report.

An example of the new DPC Quality report is included below:

QUALITY REPORTING - DAY PROCEDURE CENTRE								
Provider Name:								
Provider Number:								
Date of Last Accreditation:	___ / ___ / ___							
Date next Accreditation Due:	___ / ___ / ___							
Next Accreditation type:	<input type="checkbox"/> mid-cycle assessment <input type="checkbox"/> recertification audit or organisation-wide accreditation							
Note: If Accreditation Outcome Report is attached, please complete the ADDITIONAL INFORMATION SECTION ONLY.								
NSQHS Standard:	Core Actions				Developmental Actions			
	Total Core Actions	No of Core Actions Not Met	No of Core Actions met	High Priority Recommendations	Total Developmental Actions	Developmental Actions Met	Number of Developmental Actions not met	High Priority Recommendations
1. Governance for Safety and Quality in Health Service Organisations	44				9			
2. Partnering with Consumers	4				11			
3. Preventing and Controlling Healthcare Associated Infections	38				3			
4. Medication Safety	31				6			
5. Patient Identification and Procedure Matching	9				0			
6. Clinical Handover	9				2			
7. Blood and Blood Products	20				3			
8. Preventing and Managing Pressure Injuries	20				4			
9. Recognising and Responding to Clinical Deterioration in Acute Health Care	15				8			
10. Preventing Falls and Harm from Falls	18				2			
Total Actions: 256	208				48			

The DPC Quality Report will also include a section where DPCs can report on the other mandatory quality measures from the DPC Services Agreement:

- a) The outcomes of patient experience surveys including data specific to Entitled Persons or their carers where reasonably available;
- b) Entitled Person complaints recorded under clause 4.7.1 of the DPC Services Agreement;
- c) Issues of concern; and
- d) Any other matters, as agreed between the parties.

Under the current Services Agreement, a DPC must inform DVA of all changes to its accreditation status as they arise.

6 Information Management – Submitting HCP data

Under clause 5.7.1, DPCs must provide to DVA in electronic medium and without charge, information in respect of each veteran separation during the preceding month. The information is to be provided within six weeks of the end of the month of discharge. 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 data must include complete and accurate reporting of the condition onset flag.

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-insurer layout. From time to time the specifications of HCP data is altered and these changes will be advised by DoH and made available via the DoH website: <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-casemix-data-collections-about-HCP>

If your organisation is 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 the required Confidentiality Deed. If a DPC fails to provide HCP data for more than three (3) consecutive months, DVA reserves the right under Clause 5.7.2 to withhold payment for DPC Services until such time as the data is supplied. For further information on submitting HCP data electronically, 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

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:

- a) enables Private Hospitals and DPCs to submit electronic claims for processing without the requirement to send additional paperwork to DHS;
- b) offers a secure connection between private hospitals, DHS and DVA and health funds; and
- c) 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 (e.g.the 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:

Accommodation	Acute Care*	Critical care	In patient
Interim claims	Miscellaneous charges	Overnight	Prosthesis
Psychiatry	Rehabilitation	Same day	Theatre

*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 the Department of Human Services (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 1800 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 and therefore, a claim could still be rejected for reasons relating to the accepted conditions.

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 **1800 550 457** (select option 3) 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 access 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

send claims to:

Veterans' Affairs Processing
Hospital Provider Claims
DHS-Medicare Programs
PO Box 9917
PERTH WA 6848

VIC - TAS - QLD

send claims to:

Veterans' Affairs Processing
Hospital Provider Claims
DHS-Medicare Programs
PO Box 9917
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

DPC account enquires 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 includes DVA File Number, Patient Surname, Given name(s), Date of Birth

Dates of Service: Insert the date of service FROM (admission date) and the date of service TO (day of discharge). In most cases for DPCs these dates will be the same.

Example of a correct claim:

- Correct claim

Date of Service		No of Days	Item No	Total Claimed
From	To			
01/10/17	01/10/17			\$

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.

Prostheses:

Use the Item Numbers issued by the Department of Health (DoH) in the Prostheses List which can be found at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-privatehealth-prostheseslist.htm>

Prostheses should be charged at the DoH list price. DVA does not pay GST or a handling fee on Prosthesis items. An example of how to claim for a prosthesis item is shown below:

Prosthesis Item No	Total Claimed
GT271	\$240.00

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.

See example of D653A at **Attachment 3 - Discharge Advice and Hospital Claim form.

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.

Short Stay MBS Packages

Case payments for Short Stay MBS 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 2017.

Date of Service		No. of Days	Item No	Total Claimed	Theatre Date	Procedure Item No	Total Claimed
From	To						
01/10/17	01/10/17	1	H450	\$700	01/10/17	30475	

In the example above, item no H450 is the DVA item number for the complete case payment as per **TABLE 1: EPISODE PACKAGES** in **SCHEDULE B: DAY PROCEDURE CENTRE SERVICE FEE TABLES** in your Agreement. The MBS item number should still be noted in the 'Theatre' section of the Discharge Advice and Hospital Claim form. Additional theatre fees for multiple procedures can be billed at the relevant multiple discount rate according to your agreement at the theatre band assigned to the procedure.

Multiple procedures involving packages

Date of Service		No. of Days	Item No	Total Claimed	Theatre Date	Procedure Item No	Total Claimed
From	To						
01/10/17	01/10/17	1	H292	\$1200	01/10/17	32090	
					01/10/17	30473	\$200

In this example, the client undergoes multiple procedures (MBS 32090 and 30473). Since the item 32090 has a higher theatre band (theatre band 2) the package (H292) is paid with the multiple discount rule applied to the theatre band for 30473 (theatre band 1). The MBS item number should be noted in the 'theatre' section with the discounted theatre fee claimed for the second procedure.

How to claim a Dental Procedure Fee

Date of Service		No. of Days	Item No	Total Claimed	Theatre Date	Total Claimed	Procedure Item No
From	To						
01/03/16	02/03/16	1	H256	\$400.00			

Miscellaneous	M036
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Where a patient is admitted for a dental procedure requiring an overnight/extended admission item M036 is payable in relation to the theatre fees and item H256 (Surgical Ungrouped accommodation) is payable in relation to the accommodation component. Package Fees in Table 7 of your agreement are not applicable in these instances. If a patient is required to be transferred to another acute hospital during the procedure only the M036 is payable to the transferring DPC. You should not include ICD or MBS on your claim for overnight dental admissions.

Other packages (Tables 4, 5, 6, 7 and 8)

Date of Service		No. of Days	Item No	Total Claimed	Theatre Date	Total Claimed	Procedure Item No
From	To						
01/10/17	01/10/17	1	H281	\$350			

The example above applies to any package included in Tables 4,5,6,7 and 8 of your Services Agreement. In this particular example H281 is the DVA item number for the complete package.

8.7 Transfer to another hospital

In the example below a patient undergoes a procedure and unexpectedly requires transfer to an acute hospital:

Date of Service		No. of Days	Item No	Total Claimed	Theatre Date	Item No	Total Claimed
From	To						
01/10/17	01/10/17				01/10/17	32084 theatre band 1	\$450

The facility cannot claim an accommodation or package rate as accommodation is not payable to the transferring facility. The transferring facility is only eligible for payment of the theatre fee. If the procedure is a package item (Table 1) the Episodic Package price is to be ignored and only the theatre fee payable. The facility should indicate that this is the case by inserting the theatre 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 Accommodation charges for Same Day Patients

DPCs will levy accommodation charges for Same Day Patients in accordance with the Band Definitions. **Facilities must** not to duplicate accommodation charges for multiple procedures performed on the same patient.

Band definitions:

BAND 1	Certain minor surgical items and non-surgical procedures that do not normally require anaesthesia (a) A definitive list of procedures with no flexibility for reclassification to another band. Refer to the relevant legislation: <i>Private Health Insurance (Benefit Requirements) Rules 2011</i> which can be located at: https://www.legislation.gov.au/Details/F2016C00751 (b) Professional attention that embraces all other day admissions to hospital not related to bands 2, 3 or 4.
BAND 2	Procedures (other than Band 1) carried out under local anaesthetic with no sedation.
BAND 3	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.

BAND 4	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.
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8.9 How do you claim where your facility has no package?

Date of Service		No. of Days	Item No	Total Claimed	Theatre Date	Procedure Item No	Total Claimed
From	To						
01/10/17	01/10/17		H280	\$250	01/10/17	30487 As per theatre band 2 price	

Where the facility has no package, 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: <http://www.dva.gov.au/sites/default/files/files/providers/hospitals/cmbs1.pdf>.

8.10 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.

Day only and Overnight Stay Certification must be provided on the Common Claim Form (known as the National Private Patient Hospital Claim Form), or the data elements required by the Common Claim Form may be submitted electronically if electronic billing is used.

8.11 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

There are a range of forms on the DVA Hospitals Page that can be downloaded and filled in electronically, saved and printed for manual claiming: <http://www.dva.gov.au/providers/forms-service-providers>

Forms include the Hospital Admission Voucher, the Discharge Advice and Hospital Claim form and the Acute Care Certificate which are available via the links below:

[Hospital Admission Voucher \(D652\)](#)

[Discharge Advice and Hospital Claim Form \(D653A\)](#)

[Acute Care Certificate \(D9076\) Form](#)

10 Advertising

Advertising requirements are set out in Clause 1.5.1 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

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

ATTACHMENT 2 – DVA Quick Contact List

<p>Department of Veterans' Affairs – General Enquiry Line</p>	<p>1800 555 254</p> <p>Press 1: Transport bookings and travel claims Press 2: DVA Provider line Press 3: For veterans to receive assistance with access to their online account Press 0: All other enquiries</p>
<p>Department of Veterans' Affairs – Health Provider Line</p>	<p>1800 550 457 (follow prompts)</p> <p>Press 1: Rehabilitation Appliances Program Press 2: Veterans' Home Care and Community Nursing Press 3: Health Prior Approvals and enquiries, Card Eligibility checks, Provider Registration Press 0 – Transport and Pharmaceutical Enquiries <i>Press 1: Transport Enquiries and bookings</i> <i>Press 2: Pharmaceutical Enquiries and to request an RPBS authority prescription approval</i></p>
<p>Prior Financial Authorisation for medical services</p> <p>Please note: Fax contact is no longer available. Please email your request for prior approval to Health Approvals.</p>	<p>1800 550 457 (follow prompts) Press 3: Health Prior Approvals</p> <p>Email: Health.Approvals@dva.gov.au</p>
<p>Veterans' Transport Services – Booked Car With Driver bookings and Travel Cost Reimbursements/Claims</p>	<p>1800 555 254</p> <p>Press 1: Transport booking and travel cost reimbursements</p>
<p>Pharmaceuticals Veterans' Affairs Pharmaceutical Approvals Centre (VAPAC)</p>	<p>1800 552 580 (24 hours per day)</p>
<p>Veterans and Veterans Families Counselling Service (VVCS)</p>	<p>1800 011 046 (24 hours)</p>

ATTACHMENT 3 - Discharge Advice and Hospital Claim

<p>Australian Government Department of Veterans' Affairs</p> <p style="text-align: center;">DISCHARGE ADVICE AND HOSPITAL CLAIM</p> <p style="text-align: center;">The information sought on this form is required for provider verification and claim processing. This information will be used by Medicare Australia to process the payment. <i>Please print clearly in BLOCK letters.</i></p>	<p style="text-align: right;">Claim number</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Staple attachments here</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 40px; vertical-align: top;">Name and address of hospital</td> <td style="width: 40%; height: 40px; vertical-align: top;">Hospital provider number</td> </tr> <tr> <td colspan="2" style="height: 40px; vertical-align: top;">DVA file number</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; height: 30px; vertical-align: top;">Patient Surname</td> <td style="width: 40%; height: 30px; vertical-align: top;">Given names</td> <td style="width: 30%; height: 30px; vertical-align: top;">Date of birth / /</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Dates of Service</th> <th rowspan="2">No. of days</th> <th rowspan="2">Item No.</th> <th rowspan="2">Total Claimed</th> <th rowspan="2">Theatre Date</th> <th rowspan="2">Procedure Item No.</th> <th rowspan="2">Total Claimed</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr><td>/ /</td><td>/ /</td><td></td><td></td><td>\$</td><td>/ /</td><td></td><td>\$</td></tr> <tr><td>/ /</td><td>/ /</td><td></td><td></td><td>\$</td><td>/ /</td><td></td><td>\$</td></tr> <tr><td>/ /</td><td>/ /</td><td></td><td></td><td>\$</td><td>/ /</td><td></td><td>\$</td></tr> <tr><td>/ /</td><td>/ /</td><td></td><td></td><td>\$</td><td>/ /</td><td></td><td>\$</td></tr> <tr><td>/ /</td><td>/ /</td><td></td><td></td><td>\$</td><td>/ /</td><td></td><td>\$</td></tr> <tr><td>/ /</td><td>/ /</td><td></td><td></td><td>\$</td><td>/ /</td><td></td><td>\$</td></tr> <tr><td>/ /</td><td>/ /</td><td></td><td></td><td>\$</td><td>/ /</td><td></td><td>\$</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Prosthesis Item No.</th> <th>Total Claimed</th> </tr> </thead> <tbody> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> <tr><td></td><td>\$</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Principal ICD-10 Code</td> <td style="width: 25%;">Is this account interim or final? Interim <input type="checkbox"/> Final <input type="checkbox"/></td> <td style="width: 25%;">Is this a readmission within 7 days? Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td style="width: 25%;">Separation Code</td> </tr> </table> <p>Admitted for treatment of</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of treating Doctor</td> <td style="width: 50%;">Place to which discharged</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Admission date / /</td> <td style="width: 30%;">Discharge date / /</td> <td style="width: 40%;">Your reference/invoice No.</td> </tr> </table> <div style="border: 1px solid black; padding: 5px;"> <p>Patient Declaration I certify that I have received the services described on this claim. I am not entitled to claim third party or worker's compensation for these services.</p> <p>Patient Signature / /</p> <p>OR I certify the patient is unable to sign</p> <p>Agent/Authorised Officer Signature / /</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Declaration I claim payment for the services specified above and certify that:</p> <ul style="list-style-type: none"> to the best of my knowledge and belief all information given above is true all of the amounts claimed are for services rendered all of the amounts claimed are for services payable by the Department of Veterans' Affairs the patient required acute care for the whole of the period between the dates of service shown. <p>Authorised Officer / /</p> </div>	Name and address of hospital	Hospital provider number	DVA file number		Patient Surname	Given names	Date of birth / /	Dates of Service		No. of days	Item No.	Total Claimed	Theatre Date	Procedure Item No.	Total Claimed	From	To	/ /	/ /			\$	/ /		\$	/ /	/ /			\$	/ /		\$	/ /	/ /			\$	/ /		\$	/ /	/ /			\$	/ /		\$	/ /	/ /			\$	/ /		\$	/ /	/ /			\$	/ /		\$	/ /	/ /			\$	/ /		\$	Prosthesis Item No.	Total Claimed		\$		\$		\$		\$	Principal ICD-10 Code	Is this account interim or final? 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