Effective 1 July 2012

We are committed to our purpose of striving For Better Health outcomes for our private health insurance members. As part of this commitment, our GapCover scheme aims to reduce the financial burden on our members caused by medical expenses thereby ensuring greater access to services.

GapCover is a medical gap scheme offered by Medibank Private and ahm Health Insurance which aims to reduce or eliminate the out-of-pocket medical expenses paid by members when they have a hospital stay.

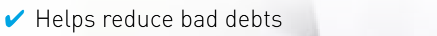
This guide explains everything you need to know about becoming a GapCover provider and participating in the GapCover scheme.

Contents

4 Advantages of the GapCover Scheme
5 Faster claiming through Eclipse
6 Our GapCover Scheme
- How does GapCover work?
- Informed Financial Consent
9 Becoming a participant
9 Payment of benefits
12 How to Submit Claims for Medibank Private Policyholders
14 How to Submit Claims for ahm Policyholders
16 Receiving payments
17 Account rejections
18 Review of payment
20 When GapCover benefits are not payable
21 Frequently asked questions
23 Rejection codes

Advantages of the GapCover Scheme

- ✔ You can choose to participate on a patient by patient basis
- ✔ Claiming is easy as you send one account directly to either Medibank Private or ahm Health Insurance
- ✔ You can claim electronically via Eclipse which is fast and efficient and helps streamline your billing process
- ✔ You receive one full payment that includes both Medicare and health fund benefits
- ✔ Benefits are paid directly into your bank account via Electronic Funds Transfer (EFT)
- ✔ Patients are happier as medical gaps are reduced or eliminated
- ✔ Helps reduce bad debts
- ✔ Patients maintain their right of choice of doctor
- ✔ You retain complete clinical independence



Faster claiming through Eclipse

Eclipse is the in-patient claiming system developed by Medicare Australia that enables providers, health insurers and Medicare to exchange and pay claims electronically.

THE BENEFITS OF ECLIPSE

- Fast and efficient claiming
- No limit to the number of claims or batches you can submit at one time
- Online verification of Medicare eligibility and health fund membership in a matter of seconds
- Online viewing of claims submitted and payments received
- Improved financial management through faster resolution of claims
- One system for the complete claims picture

BECOME AN ECLIPSE USER

To register for Eclipse or if you want more information about how it works, contact the Medicare Australia eBusiness Service Centre on 1800 700 199 or email co.eclipse@medicareaustralia.gov.au.

If you're already an Eclipse user and want to start transacting with us, simply start sending your bills via Eclipse by using Fund ID 'MPL' for Medibank Private or Fund ID 'ahm' for ahm Health Insurance and Claim Type **'SC'** for both.

Our GapCover Scheme

HOW DOES GAPCOVER WORK?

The 'gap' is the difference between the fees charged by you and the Medicare Benefits Schedule (MBS) fees for the services you provide to our members. This difference can leave our members with out-of-pocket expenses. With GapCover, you can help close this gap for our members.

SCHEDULE OF BENEFITS

The GapCover Schedule of Benefits shows the amount we will pay for a particular service under our GapCover Scheme. The amounts shown in the Schedule include the MBS fee plus the additional amount that we pay for a particular service.

The current GapCover Schedule of Benefits can be downloaded from:

- Medibank - **medibank.com.au/providers**
- ahm Health Insurance - **secure.ahm.com.au/providers**

The Schedule of Benefits is indexed in line with the MBS and is based on a calculation taking into account the Consumer Price Index (CPI) and MBS indexation.

KNOWN GAP

As long as your fees do not exceed the relevant amount in the GapCover Schedule of Benefits, the account will be paid in full and there will be 'no gap' for our members. However, you may wish to charge our member a Known Gap (an out-of-pocket expense that the member pays). This is any amount you charge that exceeds the amount shown in our GapCover Schedule of Benefits, up to a maximum of $500 per claiming provider (ie. per doctor's account).

If you submit an account where the Known Gap exceeds $500 per claiming provider, the benefit payable for that claim will be reduced to the MBS fee. In other words, the claim cannot be paid as a GapCover claim and the amount above the MBS as shown on the GapCover Schedule of Benefits will not be paid by the fund. If the gap amount is to be charged to our member you must have obtained Informed Financial Consent (IFC).

Examples of the GapCover scheme are provided on the next page.

INFORMED FINANCIAL CONSENT (IFC)

You are required to provide our members with a written estimate of fees for each hospital admission and get their agreement to any out-of-pocket costs. Where possible this should be done before the member has their treatment, or as soon as practicable after the treatment. This is known as Informed Financial Consent and is a condition of participation in the GapCover scheme.

EXAMPLE 1

Doctor's total charge	$800
GapCover Schedule fee (the higher fee that we will pay up to for all items covered by the GapCover scheme)	$600
MBS fee for all items	$400

MEDICARE PAYS	FUND PAYS	MEMBER PAYS
$300 (75% of the MBS fee)	$100 (25% of the MBS fee) + $200 (the difference between the MBS Schedule fee and the GapCover Schedule fee)	$200 (the difference between the GapCover Schedule fee and the Doctor's charge)

In this case, Medicare will pay 75% of the $400 MBS fee. The fund will pay the remaining 25% of the MBS fee plus an extra $200 up to the GapCover Schedule fee of $600. The out-of-pocket cost for the member is $200.

This treatment can be covered under the GapCover scheme because the doctor has charged the agreed GapCover fee and the out-of-pocket for the member is less than $500 per claiming provider.

If the Doctor's charge doesn't fall within the GapCover scheme guidelines

EXAMPLE 2

Doctor's total charge	$1,200
GapCover Schedule fee (the higher fee that we will pay up to for all items covered by the GapCover scheme)	$600
MBS fee for all items	$400

MEDICARE PAYS	FUND PAYS	MEMBER PAYS
$300 (75% of the MBS fee)	$100 (25% of the MBS fee)	$800 (the difference between the MBS fee and the Doctor's charge)

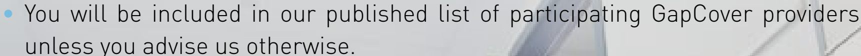
In this case, the out-of-pocket cost for the member is $800 because the difference between the charge and the gap cover schedule fee is over the maximum $500 per claiming provider allowed under the GapCover scheme. The doctor has therefore chosen not to participate on this occasion. As a result the out-of-pocket cost for the member is the difference between the MBS fee and the Doctor's charge ie $800.

As you can see from the above examples, the out-of-pocket cost can be significantly reduced for our member when you choose to participate in the GapCover scheme.

TERMS AND CONDITIONS OF THE GAPCOVER SCHEME

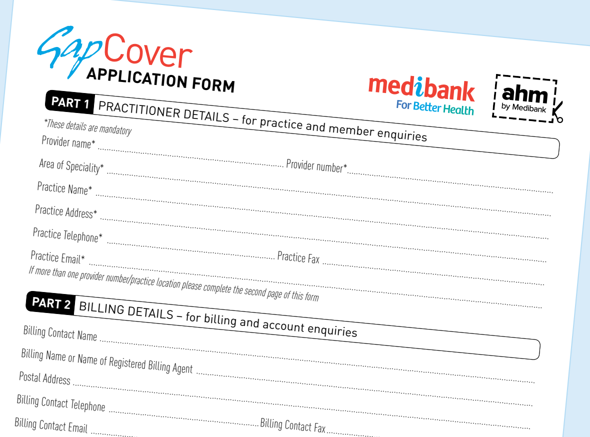
To participate in GapCover you must agree to and abide by the following Terms and Conditions:

- You must be registered with us to participate in our GapCover scheme.
- You must provide our members with a written estimate of fees (IFC) indicating any out-of-pockets they will have to pay. Where possible, ensure the member has given their informed financial consent to these charges prior to treatment.
- A **maximum $500 member out-of-pocket cap** per claiming provider is allowed (ie. per doctor account). This is regardless of the number of items or claim lines on the account.
- If more than a $500 out-of-pocket is charged to the member, the account does not qualify as a GapCover claim and only the fund gap amount will be paid, ie the MBS fee.
- You must include the **total cost of treatment** on the account including the full amount the member will have to pay.
- All claims must be submitted by you directly to either Medibank Private Gapcover for Medibank policy holders or ahm GapCover for ahm policy holders. Claims submitted by members or claims already paid by the member will not be eligible for GapCover, ie no additional amount above the MBS fee will be paid.
- Benefits will be paid by Electronic Funds Transfer (EFT) only to your nominated account.
- You will be included in our published list of participating GapCover providers, unless you advise us otherwise.



Becoming a participant in the GapCover scheme

To join the GapCover scheme, simply fill out the GapCover Application Form available at medibank.com.au/providers or secure.ahm.com.au/providers and return by fax to (03) 8456 6250.



GapCover APPLICATION FORM

medibank For Better Health

ahm by Medibank

PART 1 PRACTITIONER DETAILS – for practice and member enquiries

*These details are mandatory

Provider name* .... Provider number* ....

Area of Speciality* ....

Practice Name* ....

Practice Address* ....

Practice Telephone* .... Practice Fax ....

Practice Email* ....

If more than one provider number/practice location please complete the second page of this form

PART 2 BILLING DETAILS – for billing and account enquiries

Billing Contact Name ....

Billing Name or Name of Registered Billing Agent ....

Postal Address ....

Billing Contact Telephone ....

Billing Contact Email .... Billing Contact Fax ....

Payment of benefits

The benefit we pay you will be based on the MBS item numbers provided by you on your account. We make our best endeavours to process accounts within 21 days, provided they satisfy the requirements outlined in this booklet. The benefit will be paid in accordance with the GapCover Schedule of Benefits and the Medicare Australia assessing rules, which are subject to change. The latest Schedule of Benefits can be downloaded from medibank.com.au/providers or secure.ahm.com.au/providers

ELIGIBILITY CHECKING

To ensure a member is entitled to Medicare or health fund benefits it is recommended you perform an eligibility check prior to providing a service

Patient eligibility must be checked to ensure that the member has the right level of cover and that their membership is financial at the date you plan to provide the service. This will also assist you in obtaining Informed Financial Consent (IFC).

Payment of benefits continued

HOW TO CHECK PATIENT ELIGIBILITY FOR MEDIBANK PRIVATE POLICYHOLDERS;

Either

1 Use Eclipse to check patient eligibility electronically.

a) Online Patient Verification (OPV) allows you to check that the patient is a valid Medicare card holder and/or health fund member.

b) Online Eligibility Checking (OEC) allows you to:

- check the eligibility of a patient for both Medicare and health fund benefits
- estimate the out-of-pocket costs for hospital services and any known medical gaps
- obtain informed financial consent.

Or

2 Call Medibank Private on **1300 130 460**. You will be connected to an interactive voice response enquiry service (called an IVR).

a) Select 1 to be connected to the automated patient eligibility enquiry service.

b) Enter the access code 540 300.

c) Enter the patient's Medibank Private membership number and the patient's date of birth to complete the eligibility check.

d) The IVR instructions will guide you through the process and if necessary, transfer you to one of our staff.

ELIGIBLE HOSPITAL COVERS

Most Medibank Private hospital covers provide benefits for medical services which are eligible for GapCover benefits.

However the following hospital covers are not eligible for GapCover benefits:

Public Hospital Cover, Basic Public Hospital Cover, Overseas Student Health Cover, Visitors Health Insurance Cover and Working Visa Health Insurance Cover.

Likewise, members with Extras only cover and standalone Ambulance Cover are not eligible for GapCover benefits. If the member is not eligible please bill the patient directly (benefits may or may not be payable through Medicare).

HOW TO CHECK PATIENT ELIGIBILITY FOR ahm Health Insurance POLICYHOLDERS;

1 Use Eclipse Online Patient Verification (OPV) to check that the patient is a valid Medicare card holder or health fund member; and/or

2 Call ahm on 134 246. You will be connected to a Customer Service Officer. Ensure you have their ahm member number and the patient's date of birth to complete the eligibility check.

ELIGIBLE HOSPITAL COVERS

Most ahm Hospital covers provide benefits for medical services which are eligible for GapCover benefits. However, ahm OSHC members are not eligible for GapCover benefits.

Likewise, members with Extras only cover and/or Ambulance only cover are not eligible for GapCover benefits. If the member is not eligible please bill the patient directly (benefits may or may not be payable through Medicare).

HOW TO BILL

Use the information in the following sections to ensure your accounts can be processed as efficiently as possible.

BILLING OPTIONS

There are two ways you can submit GapCover accounts:

1 You can use Eclipse which allows you to process your claims electronically in a streamlined way.

To claim through Eclipse simply send your claims to either Medibank using Fund ID 'MPL' or to ahm Health Insurance using Fund ID 'ahm' and Claim Type **'SC'** for both (find more information on Eclipse on page 5).

2 If you don't have Eclipse you can lodge manually by using the batch headers available at medibank.com.au/providers or secure.ahm.com.au/providers

To claim with either Medibank Private or ahm Health Insurance manually you will need to follow the three simple steps below:

1 Provide necessary account information

2 Use the GapCover batch header appropriate to the member's policy

3 Send your accounts to either Medibank or ahm

Specific billing instructions for both Medibank Private and ahm Health Insurance are outlined on the following pages.

How to Submit Claims for Medibank Private Policyholders

1. ACCOUNT INFORMATION

Please print only one patient account on each page. In order to be scanned successfully, accounts should not be hand written. All services provided by a provider to that patient must be included on the one account.

Non compliance with any of the below information will result in the accounts being rejected.

The following details must be included on your accounts:

- Patient's membership number
- Patient's name, address and date of birth
- Patient's Medicare card number, including the patient's card reference number (please ensure the Medicare card is current)
- Provider number
- Name of the hospital in which the service/s was provided
- For each service provided, the date of service and Medicare Benefits Schedule (MBS) item number
- A fee for each MBS item number (this must be the exact fee charged for the service including any amounts payable by the member but excluding any discounts or other conditions)
- Details of any shared fee arrangements with other medical practitioners, including MBS item number, name of other practitioner(s) and their provider number(s)
- Referral details including referral date, referring provider name, number and address
- Any other information relevant to assessment of the service as outlined in the MBS.

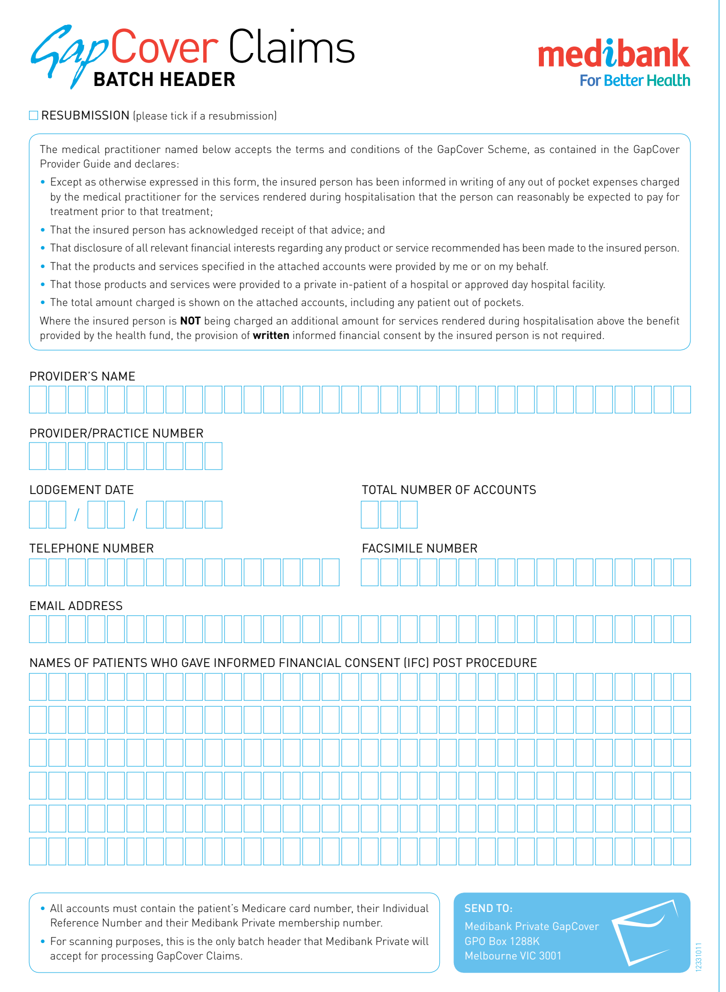
Please note that we cannot process accounts that do not include an MBS item number, even though Medicare Australia accepts either an MBS item number or description.

2. BATCH HEADER

A **Medibank Private GapCover Batch Header** must accompany all accounts billed directly to Medibank Private for Medibank policy holders (including resubmitted accounts). Please also provide a return address on all accounts.

The Medibank Private GapCover Batch Header (as shown on the next page) can be downloaded from medibank.com.au/providers

EXAMPLE OF MPL BATCH HEADER



GapCover Claims
BATCH HEADER

medibank
For Better Health

☐ RESUBMISSION (please tick if a resubmission)

The medical practitioner named below accepts the terms and conditions of the GapCover Scheme, as contained in the GapCover Provider Guide and declares:

- Except as otherwise expressed in this form, the insured person has been informed in writing of any out of pocket expenses charged by the medical practitioner for the services rendered during hospitalisation that the person can reasonably be expected to pay for treatment prior to that treatment;
- That the insured person has acknowledged receipt of that advice; and
- That disclosure of all relevant financial interests regarding any product or service recommended has been made to the insured person.
- That the products and services specified in the attached accounts were provided by me or on my behalf.
- That those products and services were provided to a private in-patient of a hospital or approved day hospital facility.
- The total amount charged is shown on the attached accounts, including any patient out of pockets.

Where the insured person is **NOT** being charged an additional amount for services rendered during hospitalisation above the benefit provided by the health fund, the provision of **written** informed financial consent by the insured person is not required.

PROVIDER'S NAME

PROVIDER/PRACTICE NUMBER

LODGEMENT DATE / /

TOTAL NUMBER OF ACCOUNTS

TELEPHONE NUMBER

FACSIMILE NUMBER

EMAIL ADDRESS

NAMES OF PATIENTS WHO GAVE INFORMED FINANCIAL CONSENT (IFC) POST PROCEDURE

- All accounts must contain the patient's Medicare card number, their Individual Reference Number and their Medibank Private membership number.
- For scanning purposes, this is the only batch header that Medibank Private will accept for processing GapCover Claims.

SEND TO:
Medibank Private GapCover
GPO Box 1288K
Melbourne VIC 3001

12331011

3. SEND YOUR ACCOUNTS

Send your GapCover accounts for Medibank Private Policyholders to:

Medibank Private GapCover
GPO Box 1288K
Melbourne VIC 3001

How to Submit Claims for ahm Health Insurance Policyholders

1. ACCOUNT INFORMATION

Please print only one patient account on each page. In order to be successfully scanned, accounts should not be hand written. All services provided by a provider to that patient must be included on the one account.

Non compliance with any of the below information will result in the accounts being rejected.

The following details must be included on your accounts:

- Patient's member number
- Patient's name, address and date of birth
- Patient's Medicare card number, including the patient's card reference number (please ensure the Medicare card is current)
- Provider number
- Name of the hospital in which the service/s was provided.
- For each service provided, the date of service and Medicare Benefits Schedule (MBS) item number.
- A fee for each MBS item number (this must be the exact fee charged for the service including any amounts payable by the member but excluding any discounts or other conditions)
- Details of any shared fee arrangements with other medical practitioners, including MBS item number, name of other practitioner(s) and their provider number(s)
- Referral details including referral date, referring provider name, number and address
- Any other information relevant to assessment of the service as outlined in the MBS.

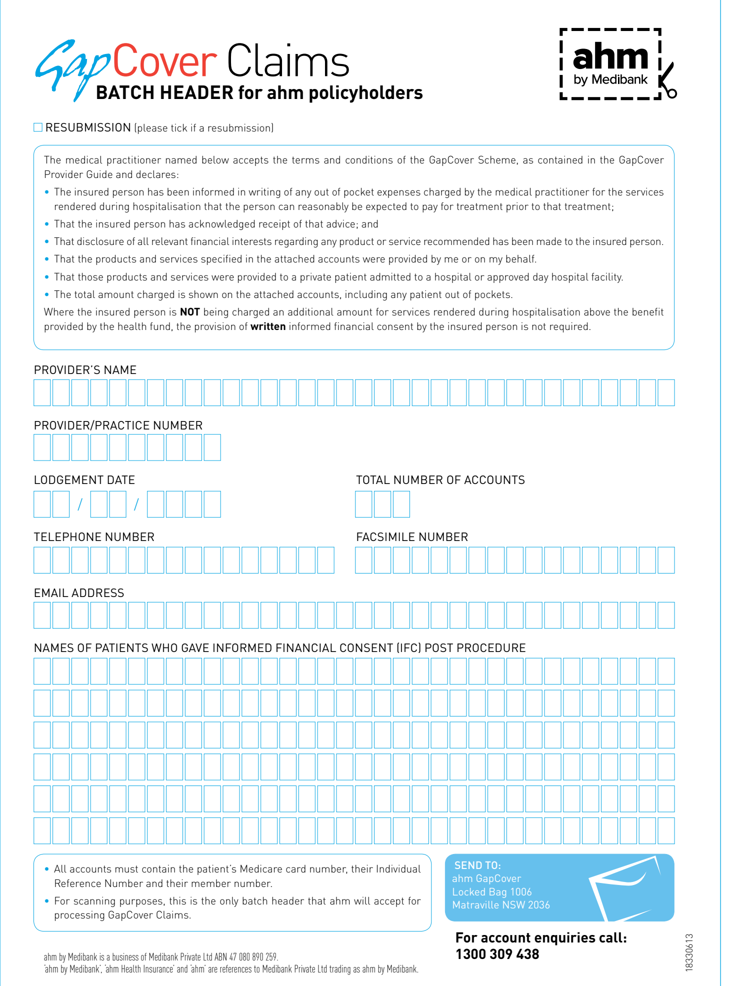
Please note that we cannot process accounts that do not include an MBS item number, even though Medicare Australia accepts either an MBS item number or description.

2. BATCH HEADER

An **ahm GapCover Batch Header** must accompany all accounts billed directly to ahm Health Insurance for ahm policy holders (including resubmitted accounts). Please also provide a return address on all accounts.

The ahm GapCover Batch Header (as shown on the next page) can be downloaded from secure.ahm.com.au/providers

EXAMPLE OF ahm HEALTH INSURANCE BATCH HEADER



GapCover Claims
BATCH HEADER for ahm policyholders

ahm by Medibank

☐ RESUBMISSION (please tick if a resubmission)

The medical practitioner named below accepts the terms and conditions of the GapCover Scheme, as contained in the GapCover Provider Guide and declares:

- The insured person has been informed in writing of any out of pocket expenses charged by the medical practitioner for the services rendered during hospitalisation that the person can reasonably be expected to pay for treatment prior to that treatment;
- That the insured person has acknowledged receipt of that advice; and
- That disclosure of all relevant financial interests regarding any product or service recommended has been made to the insured person.
- That the products and services specified in the attached accounts were provided by me or on my behalf.
- That those products and services were provided to a private patient admitted to a hospital or approved day hospital facility.
- The total amount charged is shown on the attached accounts, including any patient out of pockets.

Where the insured person is **NOT** being charged an additional amount for services rendered during hospitalisation above the benefit provided by the health fund, the provision of **written** informed financial consent by the insured person is not required.

PROVIDER'S NAME

PROVIDER/PRACTICE NUMBER

LODGEMENT DATE / /

TOTAL NUMBER OF ACCOUNTS

TELEPHONE NUMBER

FACSIMILE NUMBER

EMAIL ADDRESS

NAMES OF PATIENTS WHO GAVE INFORMED FINANCIAL CONSENT (IFC) POST PROCEDURE

- All accounts must contain the patient's Medicare card number, their Individual Reference Number and their member number.
- For scanning purposes, this is the only batch header that ahm will accept for processing GapCover Claims.

SEND TO:
ahm GapCover
Locked Bag 1006
Matraville NSW 2036

For account enquiries call: 1300 309 438

ahm by Medibank is a business of Medibank Private Ltd ABN 47 080 890 259.
'ahm by Medibank', 'ahm Health Insurance' and 'ahm' are references to Medibank Private Ltd trading as ahm by Medibank.

18330613

3. SEND YOUR ACCOUNTS

Send your GapCover accounts for ahm Policyholders to:

ahm GapCover
Locked Bag 1006,
Matraville NSW 2036.

Receiving payments

This section explains the process for payment of GapCover benefits, your statement or remittance advice and what to do if your account is rejected.

ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS

Benefits for GapCover accounts are only paid as direct deposits into a nominated bank account (EFT). You can nominate one bank account for all of your provider numbers or nominate a different bank account for each provider number. If you have not nominated a bank account for each of your provider numbers but want to do so, you will need to complete a GapCover Change of Details Form. You can download a copy from medibank.com.au/providers or secure.ahm.com.au/providers

STATEMENT OF BENEFIT / REMITTANCE ADVICE

If you submit your accounts via Eclipse you will receive your Statement of Benefit or Remittance Advice electronically at the time of your payment.

If you submit accounts manually, your Statement of Benefit or Remittance Advice will be automatically sent to the address of the provider number listed on the Batch Header. To nominate a different postal address for your Statement of Benefits you will need to specify this on the GapCover Application Form or Change of Details Form, which can be found on medibank.com.au/providers or secure.ahm.com.au/providers

Allow approximately 10 working days after the EFT payment to receive your statement of benefit through the mail.

Account rejections

When an account is rejected it can be for either a Medicare or health fund assessment reason.

Examples of when an account would be rejected are:

- if any necessary account information is missing
- where ineligible items are included on account
- if the account has already been paid
- when a Batch Header has not been provided with the account or the incorrect fund Batch Header has been attached
- when more than one patient has been billed on one account.

If your account is rejected you will be notified in one of the following ways:

If you lodged via Eclipse, you will receive a message electronically advising why the claim was rejected.

If you lodged via a Batch Header, you will receive a letter detailing why the claim has been rejected.

Your Statement of Benefits or Remittance Advice will also outline the reason(s) an account was rejected by either the health fund or Medicare. Refer to pages 23 - 27 for a list of assessment/rejection explanation codes.

Depending on the reason for rejection, you may need to check the account details in accordance with the rejection reason and:

- amend the account as necessary, reissue and resubmit the account with your next Eclipse lodgement or next batch. If lodging a resubmitted account/s please indicate on the Batch Header that it is being resubmitted
- if benefits are not payable, bill the patient directly using your normal patient billing procedures. Please ensure the patient account includes the following message 'The amount on this account is claimable through Medicare Australia only'.

Review of payment
– overpayments/underpayments/non-payment

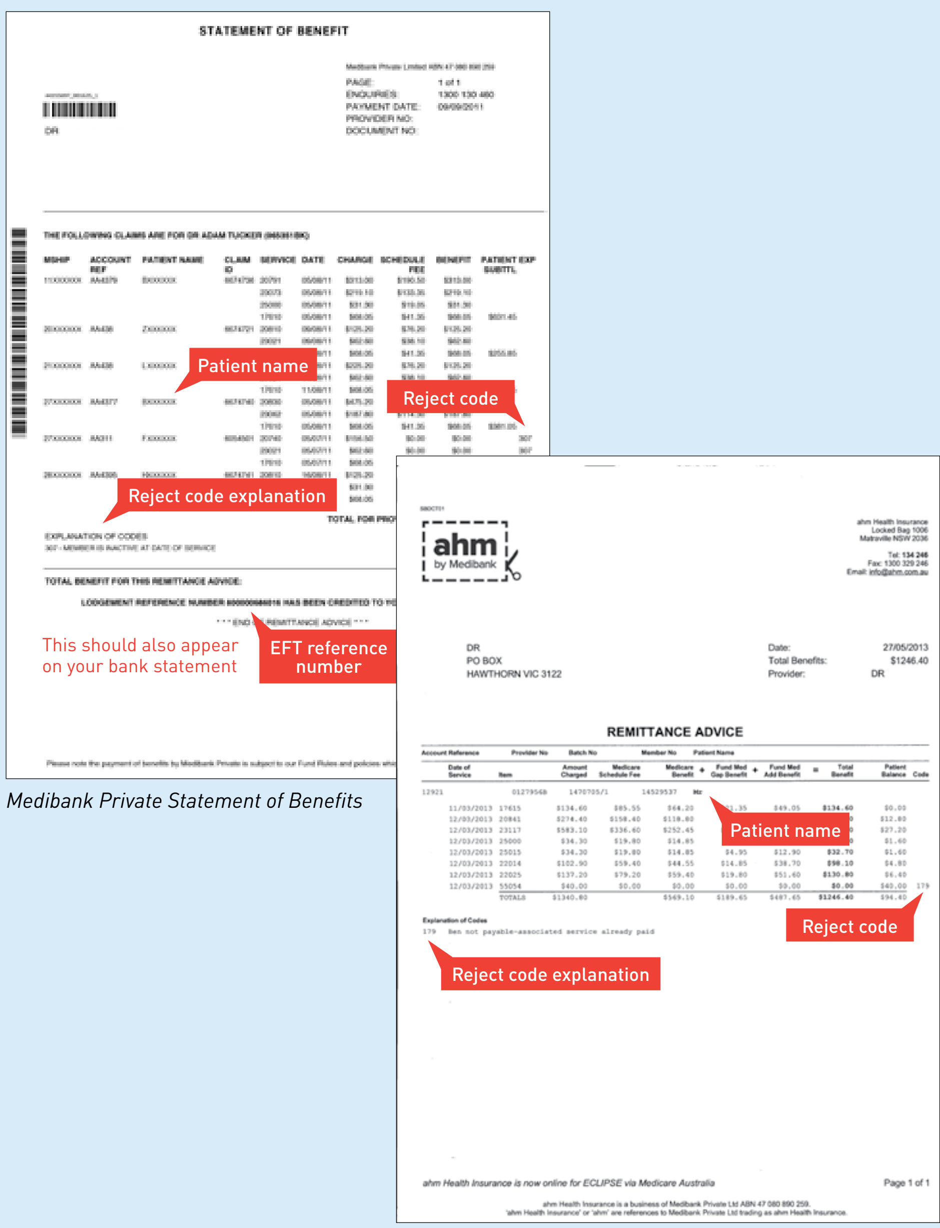
MEDIBANK PRIVATE

For all payment reviews call our Medical Enquiry Line on: 1300 130 460.

ahm Health Insurance

For all payment reviews call ahm Health Insurance on 1300 309 438.

EXAMPLES OF STATEMENT OF BENEFIT



STATEMENT OF BENEFIT

PAGE: 1 of 1
ENQUIRIES: 1300 130 460
PAYMENT DATE: 09/09/2011
PROVIDER NO:
DOCUMENT NO:

DR

EXPLANATION OF CODES

TOTAL BENEFIT FOR THIS REMITTANCE ADVICE:

* * * END OF REMITTANCE ADVICE * * *

Medibank Private Statement of Benefits

ahm by Medibank

ahm Health Insurance
Locked Bag 1006
Matraville NSW 2036

Tel: 134 246
Fax: 1300 329 246
Email: info@ahm.com.au

DR
PO BOX
HAWTHORN VIC 3122

Date: 27/05/2013
Total Benefits: $1246.40
Provider: DR

REMITTANCE ADVICE

Account Reference	Provider No	Batch No	Member No	Patient Name
12921	01279568	1470705/1	14529537	Mr

Date of Service	Item	Amount Charged	Medicare Schedule Fee	Medicare Benefit	+ Fund Med Gap Benefit	+ Fund Med Add Benefit	= Total Benefit	Patient Balance	Code
11/03/2013	17615	$134.60	$85.55	$64.20	[illegible]	$49.05	$134.60	$0.00	
12/03/2013	20841	$274.40	$158.40	$118.80	[illegible]	[illegible]	[illegible]	$12.80	
12/03/2013	23117	$583.10	$336.60	$252.45	[illegible]	[illegible]	[illegible]	$27.20	
12/03/2013	25000	$34.30	$19.80	$14.85	[illegible]	[illegible]	[illegible]	$1.60	
12/03/2013	25015	$34.30	$19.80	$14.85	$4.95	$12.90	$32.70	$1.60	
12/03/2013	22014	$102.90	$59.40	$44.55	$14.85	$38.70	$98.10	$4.80	
12/03/2013	22025	$137.20	$79.20	$59.40	$19.80	$51.60	$130.80	$6.40	
12/03/2013	55054	$40.00	$0.00	$0.00	$0.00	$0.00	$0.00	$40.00	179
	TOTALS	$1340.80		$569.10	$189.65	$487.65	$1246.40	$94.40	

Explanation of Codes
179 Ben not payable-associated service already paid

ahm Health Insurance is now online for ECLIPSE via Medicare Australia

Page 1 of 1

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'ahm Health Insurance' or 'ahm' are references to Medibank Private Ltd trading as ahm Health Insurance.

ahm Remittance Advice

When GapCover benefits are not payable

You will not receive a GapCover benefit if any of the following apply:

- If a Medicare Australia benefit is not payable or where Medicare Australia has rejected the account.
- If the membership was not fully paid at the date of service you provided (i.e. the member's premiums were in arrears).
- If our member's health insurance cover does not provide benefits for the services provided (excluded services) or does not include access to the GapCover scheme.
- If the service is deemed to be for a Pre-Existing Ailment (PEA) and the member has not served the appropriate waiting period or has not served any other waiting periods.
- If the service was performed while the patient was not admitted as one of our members to a public or private hospital or day surgery.
- If the service is provided by a salaried doctor at a public hospital.
- If the account was covered by workers' compensation or third party insurance, or if the patient is entitled to receive compensation or damages from elsewhere, in accordance with our Fund Rules.
- If the account was lodged more than two years after the date of service.
- If the Known Gap exceeds $500 per claiming provider. The benefit payable for that account will be reduced to the MBS fee.
- If the patient has not received written information about the amounts they will have to pay for the treatment, the patient has not provided their acknowledgment of the information, and agreed to go ahead with the procedure (informed financial consent).
- If the account is not sent directly by you to either Medibank Private or ahm.

Frequently asked questions

ITEM NUMBERS AND PROVIDER FEES

Should I use the MBS fees or the GapCover Schedule to work out the order of items for multiple operations?

You will need to use the Medicare Australia assessing rules as described in the MBS and MBS fees to determine the order of items for multiple operations.

Does it matter in what order I bill anaesthetic items?

Anaesthetic items must be billed in the order required by the Medicare Australia rules. Refer to Group T/10 – relative value guide for anaesthesia in the MBS book.

How do I work out a derived fee for GapCover?

Where the GapCover Schedule lists a percentage and not a fee against an item number, it is a derived fee. Work out the MBS fee for the item number using the Medicare Australia assessing rules and then apply the GapCover Schedule percentage to the MBS fee you calculate.

Can I bill for item numbers not listed in the GapCover Schedule?

If you bill for item numbers that are not listed on the GapCover Schedule you will only be paid at the MBS rates. You can only claim these items when accompanied with valid GapCover item/s otherwise you will need to lodge claims as Fund Gap.

ASSISTANT FEES AND BILLING

Should I use the MBS fees or the GapCover Schedule to work out which assistant item number to use?

You should use the MBS fees to work out which assistant item number to use. Refer to Group T9 – Assistant Operations in the MBS book for the fee calculation. When you have worked out which item number to use from the MBS, apply the GapCover Schedule percentage to the MBS fee you calculate.

What information does Medibank Private and ahm require on an account for assistant fees only?

The account should be on the assistant's letterhead and indicate the assistant item number, date of service and relevant fee together with the assistant's provider number. Separately, list the surgeon's provider number and the surgical item numbers. Please indicate on the account who is the assistant and who the surgeon is. No fee is required against the surgical item numbers as they are not being billed.

What if the surgeon is billing for the assistant's fees?

The account should be on the surgeon's letterhead and have all the surgical items listed with date of service and fee for each item.

The account should then have the assistant's item number, date of service and fee plus the assistant's provider number, name and address. Please note that the total out-of-pocket gap for the member for the entire account cannot exceed $500 to be eligible for GapCover.

OTHER QUESTIONS

What referring provider details do I need to include?

The Provider Number, name and address for the referring provider, the date of referral and the referral period.

Why does Medibank Private and ahm need the Medicare patient reference number?

The Medicare patient reference number is extremely important to Medibank Private and ahm as it reduces delay in payments due to a possible mismatch with Medicare Australia records. For example, the patient is registered with Medicare Australia as William, but with the fund as Bill.

The reference number must be put at the end of the Medicare number on your account.

Why is the Batch Header required?

- It includes an indication that the patient received in writing all relevant financial information about their treatment and Informed Financial Consent from the member has been received.
- It includes your declaration that the relevant services were provided to a private patient, admitted overnight or for the day, in an approved hospital or day hospital facility.
- It indicates your acceptance of the GapCover terms and conditions outlined in this Guide
- It allows the claim to be identified as a GapCover claim for processing efficiency and correct benefit payment.
- The Provider Practice number included on the batch header determines where the payment is to be made. Only 1 provider number on the batch header is accepted.

NOTE: to avoid claiming delays, please ensure you use the correct batch header ie. Medibank for Medibank policy holders or ahm Health Insurance for ahm policy holders and send them to the correct address as indicated on the bottom of the batch header.

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Rejection codes

MEDICARE AUSTRALIA ASSESSMENT/REJECTION CODE EXPLANATIONS

Code	Explanation
005	The individual has been matched using the submitted data however differences were identified. Please check the information returned and update your records.
009	The name supplied for this individual differs from that held by Medicare. This individual only has one name. Please check the name and update your records.
014	Unknown Medicare reason code received
030	The data element being set is inconsistent with other data elements already set or a data element has been set and a related conditionally required data element has not been set.
038	Authentication failed at proxy server. Session element authproxyname contains proxy name at which failure occurred. Set authproxyuserid and authproxypasswd to provide authentication at the proxy.
108	Benefit is not payable for the service claimed
115	Benefit recommended for this item
124	Item is restricted to persons of opposite sex to patient
125	Not payable without associated operation/anaesthetic item
126	Service is not payable without radiology service
127	Maximum number of additional fields already paid s
129	Service is not payable without the base item/s
137	Details of requesting provider not shown on account/ receipt
138	Benefit only payable when self-determined/deemed necessary
140	Non-specialist provider
141	No benefit payable for services performed by this provider
154	Diagnostic imaging multiple service rule applied to service
158	Benefit paid on associated abandoned surgery/anae item
159	Item associated with other service on which benefit payable
160	Maximum number of services for this item already paid
162	Benefit has been previously paid for this service
163	Surgical/anaesthetic item/s already paid for this date
164	Assistant surgeon benefit not payable
168	Not payable without associated operation/anaesthetic item
169	Operation/anaesthetic item not claimed
171	Benefit not payable - provider may only act in one capacity
175	Benefit paid on associated foetal intervention item
179	Benefit not payable - associated service already paid
184	Benefit paid for additional time item using a derived fee
201	Duplicate claim at health fund
201	Invalid format for data item
206	Item number does not attract a benefit at date of service
207	An item cannot be self deemed or substituted when a referral or request override has been set
210	Date of service must be no more than two years in the past
211	Patient not covered by this cardnumber at date of service
223	Service not payable - specified item not claimed or present
226	Date of service is prior to patients date of birth
227	Date of service prior to date eligible for Medicare benefit
252	Service possibly aftercare
253	Radiotherapy assessed with other item number on statement
260	Benefit assessed with associated item on statement
261	Associated surgical items/anaesthetic time not supplied
265	Service not covered by reciprocal health care agreement
267	Service not payable - associated service not present

Rejection codes continued

MEDICARE AUSTRALIA ASSESSMENT/REJECTION CODE EXPLANATIONS

280 Cannot identify service. Resubmit with correct MBS item

309 Referral issue date must be supplied, and must be prior to, or the same as, the date of the medical service, cannot be before the date of birth, nor after the referral start date

311 Request issue date must be supplied, and must be prior to, or the same as, the date of the medical service and cannot be before the date of birth

316 Benefit not payable - item cannot be self-determined

316 The referring/requesting provider cannot be the servicing or principal provider

333 Provider must claim time-based items

338 Provider not registered to claim benefit at date of service

350 Hospital referral - paid at specialist/consultant rate

353 Pathology items not present - no benefit payable

360 No benefit payable when requested by this provider

375 All vouchers within the claim must have the same service type code

378 Provider cannot refer/request service at date of request

400 Equipment number missing or invalid

401 Benefit not payable - charge amount missing or invalid

402 Benefit not payable- number of patients attended required

404 Benefit not payable - referral/request details required

405 Equipment number invalid for servicing provider

406 Unable to assess claim - please forward documents

410 Age restriction applies for this item - verify details

411 MBAC determination/precedent number not supplied or invalid

412 Benefit not payable - provider unable to claim this service

414 Provider practice location is closed at date of service

416 Services form a composite item - composite item required

421 Wrong assistant item used for the operation/s performed

429 Patient cannot be identified from the information supplied

430 Conflicting referral details - please clarify

432 Not multi-op - more information required to pay benefit

436 Cannot claim out of hospital service through simplified bill

475 Patient/service details invalid or missing

500 Rejected in association with another item in this claim

501 Group attendance or item format invalid

501 A submission response report is available

504 Charge amount missing/invalid - no benefit payable

507 Site not accredited for this service

514 Required equipment type code not on lspn register

516 Ben paid for base and derived radiotherapy items claimed

525 Only attracts benefit when claimed via bulk billing

536 Location specific practice number not supplied

537 Location specific practice number invalid

538 Location specific practice number not recognised

539 Location specific practice number not valid at date of serv

550 Associated service not claimed - no benefit payable

554 Total benefit for anaesthetic service

555 Benefit paid on main RVG anaesthetic item

556 RVG time item not claimed

557 Associated RVG anaesthetic service not claimed

558 RVG anaesthetic item not claimed

559 Patient outside age range - please verify age

560 RVG item restriction

561 Benefit paid on RVG item claimed

562 Benefit paid on associated RVG anaesthetic item

563 Associated RVG service already paid

Code	Description
564	Multiple vascular ultrasound services site rule applied
565	Multiple di and vascular ultrasound service rules applied
568	Unknown Medicare reason code received
605	Referral expired - no benefit payable
606	Referring provider number not open at date of referral
611	Referral/request details not supplied - no benefit payable
612	Date of referral after date of service - no benefit payable
614	No benefit payable - please notate time of each visit
615	Multiple procedures - notate times and area of treatment
619	Servicing provider number not open at date of service
626	The patient is or was covered under the reciprocal health care agreement.
633	A new medicare card has been issued. Please update your records and ask the patient to use the new card number for any future claims.
635	Check servicing provider. May not be able to provide the service for this item at date of service
649	Patient eligibility cannot be determined.
650	The patient data supplied failed validation checks against Medicare data.
662	Provider must contact fund
663	Check fund and membership card details
665	Cannot uniquely identify patient from information supplied.
667	Health fund membership cover suspended or cancelled
675	Current Medicare card has expired. Patient must contact medicare as claims using this medicare card may be rejected.
686	Baby not known at fund.
704	Provider not permitted to claim this item
705	No associated pathology service
732	Referral period not valid for referring provider
999	An indeterminate error has been detected

Rejection codes continued

MEDIBANK PRIVATE ASSESSMENT/REJECTION CODE EXPLANATIONS

- 0 Successful match, member found in MPL systems
- 1 Audit cleared
- 3 Service provider not recognised by Medibank at date of service
- 5 Date of service prior to membership effective date
- 7 Patient does not match membership number
- 8 Payee provider not recognised by Medibank at date of service
- 11 Patient not on membership at date of service
- 18 Following review, the benefit is not payable for the item claimed
- 88 Limit/excess applied - no benefit payable
- 162 Benefit has been previously paid for this service
- 211 Benefit is not payable for the item claimed under member's cover
- 212 Invalid date of service/invalid cover for claim type
- 300 Lodgement date invalid
- 304 Lodgement date is prior to date of service
- 306 Member is not insured at date of service
- 307 Member is inactive at date of service
- 309 Member not covered at date of service
- 316 Membership unfinancial at date of service
- 323 PEA rule applies for this claim, benefit not payable
- 324 PEA rule/obstetrics applies for this claim, paid at previous level of cover
- 326 PEA decision pending, benefit not payable at this time
- 327 PEA rule for this claim not queried at this time - paid at current level of cover
- 328 Obstetrics waiting period applies
- 401 Charge amount missing or invalid - benefit not payable
- 428 Date of service is older than two years from lodgement date - no benefit payable
- 509 Unrecognised item service code
- 590 Charge amount apportioned as per Medicare assessment
- 619 LSPN or equipment number details invalid/missing or details not valid for radiation oncology claim
- 620 LSPN details invalid/missing or details not valid for diagnostic imaging claim
- 621 SCP details invalid/missing or details not valid for pathology claim
- 622 Referral date missing/invalid
- 623 Pathology requesting details/request override details invalid/missing
- 624 Diagnostic imaging requesting details/request override details missing/invalid
- 626 Number of patients/fields radiated invalid/missing
- 639 Not normal aftercare not valid
- 640 Service condition text must be selected when multiple procedure override is selected
- 641 Service condition text must be selected when duplicate override is selected
- 642 Details not valid for general surgical
- 643 Details not valid for general consult
- 645 Anaesthetic detail combination invalid/missing
- 646 Anaesthetic referral details/referral override details invalid/missing
- 647 Service provider and referring provider numbers cannot be the same
- 648 Details not valid for specialist consults claims
- 649 Details not valid for specialist surgical claims
- 653 All lines must have the same member name
- 703 Audit condition detected for quote
- 800 Claim has failed pre Medicare validation checks
- 831 The membership number provided is invalid
- 852 Edit after audit
- 854 Out of pocket exceeded threshold - benefits paid with no GapCover
- 901 Service performed in waiting period
- 998 Not applicable

ahm ASSESSMENT/REJECTION CODE EXPLANATIONS

Code	Explanation
005	Cancelled Claim
006	Workers Compensation Claim
555	No benefits payable on this service
888	Adjustment to previous claim
DUP	Duplicate GapCover Claim
LDA	Latter Day Adjustments
NBM	No Benefit Misc Item
NIP	Non In Patient Service - Not claimable under GapCover
OOP	Maximum Out Of Pockets - GapCover
TOP	Top up Medicare Gap to GapCover benefit
WWP	No Benefits - Service Within Waiting Periods

Enquiries and further information

WEBSITE

medibank.com.au provides:

- details on the GapCover Scheme
- application, change of details and batch header forms
- the latest GapCover Schedule of Benefits.

PHONE

If you have any further questions, please call the Medibank Private Medical Enquiry Line on **1300 130 460**.

This service is available from 8.30am to 5.30pm Monday to Friday Eastern Standard time.

WEBSITE

secure.ahm.com.au provides:

- details on the GapCover Scheme
- application, change of details and batch header forms
- the latest GapCover Schedule of Benefits.

PHONE

If you have any further questions, please call ahm Health Insurance on **1300 309 438**.

This service is available from 8.00am to 8.00pm Monday to Friday Eastern Standard time.

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