Australian Government

Department of Veterans' Affairs

INFORMATION GUIDE

FOR

DAY PROCEDURE CENTRES

March 2025

Table of Contents

Overview

1. 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 document is a guide only and that where questions arise, the Agreement takes precedence over this document.

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 burden.

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

- the Treatment Principles and Private Patient Principles made under the *Veterans' Entitlements Act 1986* (VEA), or under the *Military Rehabilitation and Compensation Act 2004* (MRCA), or under the *Australian Participants in British Nuclear Tests (Treatment) Act 2006* (BNT); and
- 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.

While the Agreement uses and defines the term Entitled Persons, throughout this Information Guide the terms veteran or patient are used, but the same meaning is retained.

This Information Guide is regularly updated to provide guidance on DVA's administration arrangements with Day Procedure Centres and Private Day Hospitals.

In addition to the regular emails that are sent to all DPC Contract Managers, DVA also uses the DVA Provider News | Department of Veterans' Affairs to communicate broadly to the hospital sector on any updates that are of interest to providers.

The Day Procedure Centre Services Agreement

The Agreement between DVA and your organisation defines how the arrangements will work. You should familiarise yourself with the aspects of the Agreement relevant to your position.

2. The current Agreement has no end date which reduces the administrative burden on DPC providers by avoiding the need to undertake a tender process on a regular basis.

While there is no end date to the Agreement, there is still the need to ensure that the arrangements reflect current legislation and government policy and broader industry trends. Under clause 11.7 DVA can vary the Agreement by providing three months written notice (the Notification Period) to providers. DVA must act in good faith if there is a need to vary the Agreement.

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 mutually agreed changes. The offer of indexation to fees and charges through the annual fee review process under clause 6.1 of the Agreement is made by Letter of Exchange and will be implemented once agreed by both parties.

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. 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.

Patient eligibility and entitlement for treatment

DVA clients are issued with a Gold or White Veteran card (DVA Veteran Card) which entitles them to receive eligible health and medical treatment at DVA's expense. There may be some instances where prior financial authorisation needs to be obtained
3. before treatment is funded (see further below for more information on instances where prior financial authorisation will be required).

- **Veteran Gold Card holders** are entitled to clinically required treatment for all of their medical conditions (except those treatments listed under prior financial authorisation further below); and
- **Veteran White Card holders** are entitled to clinically required treatment for the conditions for which DVA has specifically accepted financial responsibility.
- The Orange Card is for pharmaceutical benefits only. This card does not provide any other treatment entitlements (such as medical or allied health) and does not entitle a person to admission to a DPC under DVA contractual arrangements.

Note: 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.

DVA advises veterans to present their Veteran Card, or their written letter of authorisation to DPC admission staff in order to access treatment under DVA arrangements. **DPC staff should note the colour of the card and the specific conditions that have been accepted for White Card holders.**

Veteran Card holders are also able to present digital versions of their plastic White or Gold Cards to health providers if they wish. Veterans can access the digital version through the online DVA portal MyService.

Veteran Card holders may also elect to be treated outside DVA arrangements and choose to be treated as a Medicare of private patient. In those circumstances DVA is unable to accept financial responsibility for any part of the admission.

White Card Eligibility Check

Where eligibility for Veteran White Card treatment is uncertain, DPC's must contact DVA's Provider Line (1800 550 457 - Option 3) to confirm eligibility.

Prior financial authorisation

The Agreement includes clauses specifying where, prior to admitting an Entitled Person and before arranging treatment, a hospital is contractually obliged to obtain financial authorisation directly from DVA. Prior financial authorisation is required circumstances including:

- where there is a doubt about a patient's eligibility for treatment;
- Surgical/Medical procedures not listed on the Medicare Benefits Schedule (MBS);
- insertion of, or use of, medical devices and human tissue products which are not listed on the Prescribed List of Benefits for Medical Devices and Human Tissue Products **(Prescribed List)** (Schedule to the Rules);
- to deliver services not covered under the Agreement;
- prescribing pharmaceuticals not listed on the Pharmaceutical Benefits Scheme or Repatriation Pharmaceutical Benefits Scheme; and
- specific treatments nominated in writing by DVA from time to time (e.g. cosmetic surgery or non-contracted mental health programs).

To seek prior financial authorisation DPC's should contact DVA's Health Provider Line on **1800 550 457** (Option 3).

You can also seek authorisation by using our online form. To use this method, you should download and fully complete the DVA prescribed Prior Financial Approval form (D1328), ensuring that all sections of the form are completed. Please ensure that all required supporting documentation is attached and email the form and attachment to health.approval@dva.gov.au.

Alternatively, DPC's may submit a written request that contains all the elements from the D1328 form on behalf of a treating doctor or medical specialist and email it with any supporting attachments to health.approval@dva.gov.au.

The request will be considered and DVA will respond to the requestor. Please send requests for non-listed medical devices and human tissue products or non-MBS services before arranging the treatment or organising the admission so that requests can be considered in a timely manner.

Requests for prescribing pharmaceuticals not listed on the Pharmaceutical Benefits Scheme or Repatriation Pharmaceutical Benefits Scheme must be requested from the Veterans' Affairs Pharmaceutical Advisory Centre (VAPAC) via ppo@dva.gov.au.

In Emergency situations, treatment may be provided to an Entitled Person without seeking prior Financial Authorisation. However, in this situation hospital must confirm the Entitled Person's eligibility with DVA on the next Business Day following the admission **and** obtain retrospective Financial Authorisation.

For additional information on telephone numbers to use to contact DVA refer to the listings at https://www.dva.gov.au/get-support/providers/contacts-providers or **ATTACHMENT 1 – DVA Quick Contact List**

Holders of 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.

Department of Defence Arrangements

All Australian Defence Force (ADF) personnel admissions require prior financial authorisation from the Department of Defence Local Joint Health Command Unit.

The Department of Defence, Joint Health Command Unit contact details are available from the Department of Defence by telephoning 1800 333 362.

Screening for day only services prior to admission

DVA's expectation is that appropriate pre-admission screening and discharge planning is undertaken to ensure that veterans are able to undergo day services.

4.

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 from the Delivering hospital based care page.

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 also available from the Delivering hospital based care page.

Additional information on admission and discharge is available from the DVA website when we will pay for your hospital stay (formerly DVA Fact Sheet 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 (clause 5.4.4).

Hospital Admission Voucher

A DVA Hospital Admission Voucher (form D652B) (or a DPC's own admission form which includes all data elements required by the DVA Hospital Admission Voucher) must be completed within two (2) business days of admission for each veteran patient. These must be kept with the patient's clinical record to confirm patient identity and eligibility when required for audit and investigation of claims, and to document the veteran's authorisation for disclosure of Clinical Information as shown by their signature.

NB: Do not include the Hospital Admission Voucher with the claim sent for processing to Services Australia.

The DVA Hospital Admission Voucher (D0652B) can be downloaded from the DVA forms webpage.

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.

5.

The DVA Discharge Advice and Hospital Claim (D0653A) form can be downloaded from the DVA forms webpage.

Contract Managers

Your organisation and DVA have each appointed a Contract Manager (see clauses 11.1.1 and 11.1.2 of the DPC 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.

Additional Information to assist DPC staff

General information is available to assist day hospital staff in the administration of their Agreement with DVA.

Resources, templates and forms can be found on the DVA Hospitals and Day Procedure Centres - Delivering hospital based care webpage.

DVA web-content for DPC staff on this page includes:

- The DVA MBS 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.

6. Quality and Performance Management

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.

Accreditation

DPCs must comply with the accreditation requirements, as per clause 4.2 of the Agreement, 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.

Advice to DVA on changes to Accreditation Status

Under the current Services Agreement, a DPC must inform DVA **immediately** if there are any changes to their accreditation status.

Quality Reporting for DPCs

Each year, DPCs must complete and submit their annual Quality Report to DVA **no later than four months after the end of the financial year i.e. by 31 October annually**.

DVA developed a simpler excel based reporting template for hospitals and Day Procedure Centres to complete. The reporting template enables DPCs to advise DVA of their Accreditation Status and also include details of actions within each standard as detailed on their Accreditation Outcome Report. The current DPC Quality report Template is available on the DVA Delivering hospital based care webpage.

An example of a DPC Quality Report is included below:

A	B	C	D	E	F	G
Australian Government Department of Veterans' Affairs	**PRIVATE HOSPITAL QUALITY REPORT** **Due 31 October Annually every year** Please send your completed Quality Report to: dvaprivatehospitalqualityreports@dva.gov.au **Note: All providers MUST complete the relevant Mandatory Section(s) marked ****					
** Financial Year Covered by this report:						
** Queries regarding this report should be directed to:	Name:			Phone:		
** Private Hospital Provider Name:				** Provider No:		
SECTION 1: PRIVATE HOSPITAL SERVICES (all providers of mental health services must also complete Section 2)						
**Accreditation Status to the National Safety and Quality Health Service Standards (2nd Edition)	☐ Full Accreditation to 2nd edition standards		☐ Other			
**Other (if selected above) please describe Accreditation status:						
**Accreditation expiration date:	dd / mm / yyyy					
Date of next Accreditation assessment:						
Is the Hospital's NSQHS **Accreditation Outcome Report attached?	☐ No - If no, complete Accreditation outcome table below ☐ Yes - If yes, attach and complete mandatory sections and Section 2 (if applicable)					
**Accreditation to National Safety and Quality Health Service (NSQHS) Standards second edition - 2021	**Outcome of Accreditation or Short Notice Assessment**					
	Number of actions in standard	Met	Met with recommendations	Not Met	Not Applicable	Not Assessed
1. Clinical Governance	33					
2. Partnering with Consumers	14					
3. Preventing and Controlling Healthcare Associated Infection	19					
4. Medication Safety	15					
5. Comprehensive Care	36					
6. Communicating for Safety	11					
7. Blood Management	10					
8. Recognising and Responding to Clinical Deterioration in Acute Health Care	13					
Total Actions	**151**	**0**	**0**	**0**	**0**	**0**
Are you contracted to deliver Mental Health Services?	☐ Yes. If yes, COMPLETE SECTION 2 BELOW		☐ No - complete Mandatory Section			
** Mandatory section - All providers to complete						
** Summary of complaints relating to entitled persons (Refer to Hospital Services Agreement clauses 5.6.3b) and 5.7.1)						
We had the following veteran complaints in the reporting period:						
** Any other issues - Refer to Hospital Services Agreement clauses 5.6.3 d) and 5.6.3 e)						
** Please include and highlight here any other issues that you would like to raise with DVA						

Instructions | Quality Report | +

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

- data specific to Entitled Persons or carers where reasonably available;
- Entitled Person complaints recorded under clause 4.7.1 of the DPC Services Agreement;
- Issues of concern; and
- Any other matters, as agreed between the parties.

Information Management – Submitting HCP data

7. 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 (6) weeks of the end of the month of discharge. The data must be submitted using the Hospital Casemix Protocol (HCP) format, as specified by the Department of Health and Aged Care (DoHAC), 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 DoHAC. It will be supplied using DVA's Secure File Transfer facility.

It is critical that the HCP data specification complies with the current DoHAC 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 DoHAC and made available via the DoHAC website.

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 DVA Secure Transfers Access Request for External Users form.

The nominated staff member will need to complete the form by:

- Filling out the second part of the first page
- Read the Terms of Use (pages 2 and 3)
- Sign and date the bottom of third page (at External Party to sign here)
- Scan all pages of the form and email to HospitalContracting@dva.gov.au

Once the nominated staff member has been registered, a secure file transfer logon and passphrase will be issued and the nominated staff member will be contacted with the unique USER ID details and will also be provided with assistance in accessing the HCP data transfer website.

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 via the Helpdesk email address: DVASSHdesk@dva.gov.au. Alternatively, email your respective state or territory as per below:

• For QLD and NSW/ACT facilities – HCPDataNth@dva.gov.au
• For VIC SA/NT, WA and TAS facilities – HCPDataSth@dva.gov.au

In Hospital Claims

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

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

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 is expected to eliminate the need for hospitals to supply separately.

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

The following Private Hospital and DPC DVA claim types can be claimed electronically using IHC:

Accommodation	Acute Care*	Critical care*	In patient
Interim claims	Miscellaneous charges	Overnight	Medical devices and Human Tissue Products
Psychiatry	Rehabilitation	Same day	Theatre

*Including Acute Care, Critical Care, Type C, Type B and Rehabilitation certificates

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 Services Australia for payment.
- Some claims where Letters of Authority indicate other specific billing arrangements.

Is Electronic Funds Transfer 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 more information on EFT, contact Services Australia on **1800 700 199**.

Are remittance advices available electronically through IHC?
Yes, a facility can retrieve a remittance advice through their software for up to six (6) months from the date of payment. After six (6) months contact Services Australia Processing Centres on 132 150 to request duplicate statements.

What happens to paperwork when claiming via IHC?
Facilities must retain auditable records in either paper or electronic form. While Services Australia may not require paperwork to process the claims, the data elements captured in the various forms, including the Hospital Claim Form, Hospital Admission Voucher, Acute Care certificate and other certification including day only and overnight certification, must be kept with the veteran's Clinical Record for audit purposes. Facilities must ensure that where certification by a treating professional is required, that this is also saved on the veteran's Clinical Record.

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 claim will be rejected. To resolve this issue, the facility should either:

- check the details with the veteran; or
- contact DVA on 1800 550 457 (select Option 3) to confirm the veteran's details, and then correct the details before submitting the claim.

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 condition.

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.

Are DVA prior financial authorisations required for IHC?
Prior financial authorisation requirements are specified within contractual agreements for certain items. IHC has not changed any of DVA's prior financial authorisation requirements. Please check your contract for these requirements.

In-Hospital Claims - Getting set up for IHC and getting help

Help for Day Procedure Centre/Day hospitals – registering for IHC
For help with registering for IHC, organisations should contact the **eBusiness section** in Services Australia by:

- Telephone: 1800 700 199
- Email: ebusiness@services australia.gov.au

Obtaining a digital certificate
All DPC sites submitting claims electronically through IHC require a digital certificate that ensures the security of claims lodged online. Services Australia's eBusiness Service Centre will assist with registering for digital certificates and the OTS Product Integration Team can help you test your software products to achieve a Notice of Integration or Notice of Connection. Email: itest@servicesaustralia.gov.au

Help for Software Developers
The Developer Support Team (previously known as the OTS Liaison team) is the first point of contact for developers wanting to be registered with Services Australia as Software Developers. The Services Australia Developer Support team can be contacted by email at: devsupport@servicesaustralia.gov.au

Help for Software Vendors
IHC has specific software requirements. Services Australia provide support to Software Vendors through the Online Technical Support (OTS) team or OTS Software Vendor Technical Support who are contactable by email at:

- onlineclaiming@servicesaustralia.gov.au
- or telephone 1300 550 115 from Monday to Friday 8.30 a.m. to 5.00 p.m. AEST.

This team assists software vendors in diagnosing and resolving technical issues during the development and production stages, as well as resolving technical issues encountered in the vendor environment.

Incorporating IHC functions into existing software products
If your software vendor is registered and requires technical assistance, they should contact the OTS team via email in the first instance at:

- eclipse.enq@servicesaustralia.gov.au
- or via telephone on 1300 550 115.

9. Billing arrangements

Where to send non-electronic claims

Services Australia is an agent for DVA and processes all Gold and White Card DVA admissions and payments 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 to the State of DPC:

Facilities in SA - NT - WA - NSW - ACT send claims to

Veterans' Affairs Processing - Hospital Provider Claims
Services Australia Programs
PO Box 9917
PERTH WA 6848

Facilities in VIC - TAS - QLD send claims to

Veterans' Affairs Processing – Hospital Provider Claims
Services Australia Programs
PO Box 9917
MELBOURNE VIC 3001

Please refer to section 3 (Patient eligibility and entitlement for treatment) of this Information Guide for details of billing arrangements for non-DVA card holders and for information regarding Department of Defence arrangements.

Prompt payment

Claims submitted to Services Australia must be submitted using the DVA Discharge Advice and Hospital Claim Form (D0653A). 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 to DPC's.

Account enquiries

Account enquires should be directed to Services Australia on 1300 550 017.
Where facilities or DPCs have an ongoing issue with the timeliness of payment of **correctly rendered invoices**, this should be raised formally with their DVA Contract Manager.

Please refer to section 3 (Patient eligibility and entitlement for treatment) of this Information Guide for details of billing arrangements for non-DVA card holders and for information regarding Department of Defence arrangements.

The Discharge Advice and Hospital Claim (D0653A) form

Australian Government
Department of Veterans' Affairs

DISCHARGE ADVICE AND HOSPITAL CLAIM

Claim number
Z8973

Staple attachments behind

The information sought on this form is required for provider verification and claim processing.
This information will be used by Department of Human Services to process the payment.
Please complete online and then print to sign and return

Name and address of hospital

Hospital provider number

DVA file number

Patient Surname

Given names

Date of birth / /

Dates of Service From	Dates of Service To	No. of days	Item No.	Total Claimed
/ /	/ /			$
/ /	/ /			$
/ /	/ /			$
/ /	/ /			$
/ /	/ /			$
/ /	/ /			$
/ /	/ /			$

Theatre Date	Procedure Item No.	Total Claimed
/ /		$
/ /		$
/ /		$
/ /		$

Prosthesis Item No.	Date of Service	Total Claimed
	/ /	$
	/ /	$
	/ /	$
	/ /	$
	/ /	$

Miscellaneous	Date of Service
	/ /
	/ /
	/ /

Principal ICD-10 Code

Is this account interim or final? Interim ☐ Final ☐
Is this a readmission within 7 days? Yes ☐ No ☐

Separation Code

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 / /

D653A 08/17

Duplicate - (Hospital Copy)

How to fill in the Discharge Advice and Hospital Claim (D0653A) form

The DVA Discharge Advice and Hospital Claim form should be used for all hospital and medical devices and human tissue products claims. It is comprised of two (2) copies:

- departmental claim copy (to be sent to Services Australia for claiming purposes)
- Private Hospital copy (to be retained by the hospital for your records).

<table>
<tr><td>Hospital Details:</td><td>Contains the hospital name, address and provider number</td></tr>
<tr><td>DVA File Number:</td><td>Insert DVA file number from Veteran Card</td></tr>
<tr><td>Patient name</td><td></td></tr>
<tr><td>Date of Birth:</td><td>dd/mm/yyyy</td></tr>
<tr><td>Dates of Service:</td><td>Insert the date of service FROM (the admission date or continuation claim date) and the date of service TO (the day prior to discharge or continuation claim date)
<table>
<tr><th colspan="2">Dates of Service</th></tr>
<tr><th>From</th><th>To</th></tr>
<tr><td>Admission date
/ /</td><td>Day prior to discharge
/ /</td></tr>
</table>
Dates of service must not overlap. In cases where there is more than one accommodation line (e.g. because of a change in rate or patient classification) the FROM date will be the first day of the new classification or rate. Examples of a correct and an incorrect claim is shown below:
Correct claim ·
<table>
<tr><th colspan="2">Date of Service</th><th rowspan="2">No of Days</th><th rowspan="2">Item No</th><th rowspan="2">Total Claimed</th></tr>
<tr><th>From</th><th>To</th></tr>
<tr><td>29 /01/2021</td><td>30 /01/2021</td><td></td><td></td><td>$</td></tr>
<tr><td>31 /01/2021</td><td>04 /02/2021</td><td></td><td></td><td>$</td></tr>
</table>
Incorrect claim ☒
<table>
<tr><th colspan="2">Date of Service</th><th rowspan="2">No of Days</th><th rowspan="2">Item No</th><th rowspan="2">Total Claimed</th></tr>
<tr><th>From</th><th>To</th></tr>
<tr><td>29 /01/2021</td><td>30 /01/2021</td><td></td><td></td><td>$</td></tr>
<tr><td>30 /01/2021</td><td>04 /02/2021</td><td></td><td></td><td>$</td></tr>
</table>
</td></tr>
<tr><td>Number of days:</td><td>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.</td></tr>
<tr><td>Item Number:</td><td>Insert the item number(s) from your Agreement. Please note that item numbers not within your Agreement cannot be claimed.</td></tr>
</table>

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.
Medical Devices and Human Tissue Products	Use the Item numbers for Medical Devices and Human Tissue Products as listed on the Department of Health and Aged Care's website and claim as per the Private Health Insurance (Medical Devices and Human Tissue Products) Rules - Prescribed List of Benefits for Medical Devices and Human Tissue Products **(Prescribed List)** (Schedule to the Rules)
Miscellaneous:	This section is used for DVA miscellaneous items e.g. all 'M' items. Do not include items of a personal nature such as newspapers, personal laundry, telephone calls and television charges. These are not paid by DVA.
Principal ICD-10 Code:	The Principal ICD 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 DRGs).
Interim accounts:	Tick "Interim" if this is part of a continuation claim. Tick "Final" if this is the only claim for the 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 full 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. For interim accounts, leave blank.
Reference/invoice no:	This information is optional, but will appear on the cheque 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.

Examples showing how to complete certain claims

10.

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

How to claim episodic packages

Relevant Rules for claiming episodic packages:
Episodic Packages include all admitted patient services, same day accommodation fees, theatre and expenses.
In the example below, a veteran undergoes a Sigmoidoscopic examination (with rigid sigmoidoscope) under General Anaesthesia (MBS item 32075) on 1 October 2022.

How to claim a package correctly:

Date of Service		No. of Days	Item No	Total Claimed
From	To			
01/10/22	01/10/22	1	H454	$1200

Theatre Date	Procedure Item No	Total Claimed
01/10/22	32075	

In this example above, the correct item to use is the Short Stay Package item H454. This package is a payment for the complete episode of care.

The item can be found in TABLE 1: Episodic Packages in Schedule B: Day Procedure Centre Service Fee Tables in your Day Procedure Centre Services Agreement.

The MBS item number should still be noted in the 'Theatre' section of the Discharge Advice and Hospital Claim form, but the total claimed is left blank.

Where multiple procedures are undertaken, 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.

How to claim for multiple procedures involving packages

Relevant Rules for claiming:
DPCs can claim for multiple procedures undertaken where packages are covered by each of the MBS items. The organisation's multiple procedure rule (MPR) rate will apply to the second and subsequent procedures.
The procedure with the highest theatre band is claimed first with the MPR being applied to the second (and if necessary subsequent) procedures.

Scenario detail:
In this scenario, the client undergoes multiple procedures (MBS 30475 and 30473) on the same day.

To correctly claim:
Since the item 30475 has a higher theatre band – theatre Band 2 (refer to DVA GATB) the package (H450) is claimed and paid with the multiple procedure 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. **Note: the second procedure attracts only a procedure fee (discounted using the MPR), not an accommodation fee.**

How to claim multiple procedures correctly:

Date of Service		No. of Days	Item No	Total Claimed
From	To			
01/10/22	01/10/22	1	H450	$600

Theatre Date	Procedure Item No.	Total Claimed
01/10/22	30475	
01/10/22	30473	$200

Unplanned Transfer to another hospital – procedure is provided but not accommodation

In the example below, a patient is admitted for the same procedure in Scenario 1 (MBS item 32075) covered by package H454 and undergoes the procedure and unexpectedly requires transfer straight from theatre to an acute hospital:

Date of Service		No. of Days	Item No	Total Claimed
From	To			
01/10/22	01/10/22			

Theatre Date	Procedure Item No.	Total Claimed
01/10/22	32084 theatre band 1	$450

Rules for claiming:
In this scenario, the DPC can only claim the theatre fee. The DPC cannot claim either the package rate or any accommodation because accommodation was not provided to the patient.

How to claim:
The transferring facility is only eligible for payment of the theatre fee. In order to receive only the theatre fee, the hospital uses the MBS item 32084 in the claim (see above). 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.

Similarly, if a patient is an inpatient in a hospital and admitted to a DPC for the purpose of undergoing a procedure before being transferred back, the DPC can only claim theatre.

How to claim dental procedures

How to claim a Dental Procedure Fee

Date of Service		**No. of Days**	**Item No**	**Total Claimed**
From	**To**			
01/03/22	02/03/22	1	H256	$400.00

Theatre Date	**Total Claimed**	**Procedure Item No**

Miscellaneous	M036

Where a patient is admitted for a dental procedure requiring an overnight/extended admission item the claim is made as follows:

- Package item H256 – surgical ungrouped accommodation
- M036 – Procedure Fee

These fees can be found in Table 7 of your agreement are not applicable in these instances.

How to claim if a patient admitted for a dental procedure is subsequently transferred to another acute hospital:

If a patient is required to be transferred to another acute hospital during the procedure, then only the M036 will be payable to the DPC that transfers the patient to another acute hospital.

In such cases, DPCs transferring the patient out should not include ICD or MBS on their claim.

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 anesthesia (a) A definitive list of procedures with no flexibility for reclassification to another band. Refer to the relevant legislation: *Private Health Insurance (Benefit Requirements) Rules 2011* 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 anesthesia 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 anesthesia or intravenous sedation. Theatre time (actual time in theatre) one hour or more.

Table 3: Same Day Accommodation with item numbers (From DPC Services Agreement)

Refer clause 3.14

BAND	DVA ITEM	FEE $ (GST-FREE*)
Band 1	H277	
Band 2	H278	
Band 3	H279	
Band 4	H280	

How do you claim where your facility has no package?

Rules for claiming:
Where the facility has no package for the procedure undertaken, the organisation will need to claim the accommodation and procedure items separately.

The accommodation item will be a same day accommodation item found in Table 3: Same Day Accommodation in the DPC Services Agreement.

In this scenario, the patient is admitted for a procedure not covered by a package – e.g. 30488 - Small bowel Intubation.

Anaesthetic is delivered **greater than one hour – therefore attracting a Band 4 payment.**

The correct **accommodation item** is H280, which is same day accommodation Band 4.

The correct **procedure item** is 30488.

The claim would be made by claiming the accommodation and the procedure separately as seen in the table below:

Date of Service		No. of Days	Item No	Total Claimed
From	To			
01/10/22	01/10/22		H280	$250

Theatre Date	Procedure Item No	Total Claimed
01/10/22	30488	As per theatre band 2 price

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 hospital provider page.

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 kept with the patient's medical records for audit purposes.

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.

High Cost Medical Consumable costs

Under the agreement between DVA and the DPC, 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 financial authorisation. 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. The correct item number to be used is M152.

ATTACHMENT 1 – DVA Quick Contact List

Department of Veterans' Affairs **General Enquiry Line for veterans**	1800 VETERAN 1800 838 372 OR 1800 555 254
Department of Veterans' Affairs **Health Provider Line**	1800 550 457 (follow prompts) Press 0: Transport and Pharmaceutical Enquiries Press 1: Rehabilitation Appliances Program Enquiries Press 2: Home Care and Community Nursing Enquiries Press 3: Health Prior Financial Authorisations and enquiries, Card Eligibility checks, Provider Registration. Press 4: Rehabilitation and Compensation Account Enquiries Press 5: Daily Living Assistance and Household Services
Prior Financial Authorisation for medical services	Email: Health.Approval@dva.gov.au Please email your request for prior financial authorisation to the Health Approval mailbox. Telephone: 1800 550 457 (follow prompts) Press 3: Health Prior Approvals
Veterans' Transport Services Booked Car With Driver bookings and Travel Cost Reimbursements/Claims	1800 555 254
Pharmaceutical Approvals Veterans' Affairs Pharmaceutical Approvals Centre (VAPAC)	1800 552 580 (24 hours per day)
Counselling Services for veterans and their families Open Arms - Veterans & Families Counselling (formerly Veterans and Veterans' Families Counselling Service (VVCS)	1800 011 046 (24 hours) Open Arms provides free and confidential counselling to current serving, transitioning, ex-serving, partners and families of anyone who has served at least one day in the ADF. To check eligibility for Open Arms - Veterans & Families Counselling visit the Open Arms - Veterans & Families Website