Suncorp Bank HealthPoint User Guide

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Move Terminals

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1. Getting Started with Suncorp Bank HealthPoint

Welcome to Suncorp Bank HealthPoint, the complete health payments processing system. This user guide covers HealthClaims, for making ancillary and *general practice claims against private health funds. Other HealthPoint features supported on this device are EFTPOS, and Medicare Easyclaim. To help you find your way through this guide, you may like to use the following lists of topics.

*General and Nurse Practitioners can use HealthPoint for processing private health fund claims for Overseas Visitors and Students.

1.1 Introduction

For an introduction to HealthPoint and HealthClaims, read:

- The MOVE2500 HealthPoint keypad
- The MOVE5000 HealthPoint keypad
- The MOVE2500 Quick Reference Section
- The MOVE5000 Quick Reference Section
- Some tips from the health funds

1.2 Everyday Procedures

For the details of the everyday procedures covered in HealthClaims training, see the following sections:

- The Quick Reference Section is a useful summary of procedures or daily use
- Creating a HealthClaim and submitting it
- Cancelling a HealthClaim
- Printing the HealthClaims reconciliation report
- Retrieving and printing the HealthClaims activity report

1.3 HealthPoint Set-up

HealthPoint training also covers the following set-up procedures:

- Updating your practice name, address and phone number
- Updating, or adding details of your practitioners
- Editing the list of standard items codes, e.g. to adjust the service fees

2. Contacts

2.1 Suncorp Bank HealthPoint Contacts

Suncorp Bank Technical Helpdesk

For EFTPOS hardware and technical difficulties **1800 836 055** 24 hours, 7 days

Suncorp Bank Merchant Enquiries

For general merchant enquires (Account Queries/Changes)

13 11 55 Monday to Friday, 8.30am to 5.00pm AEST
(excluding Brisbane public holidays)

Please assist us by having your Merchant and Terminal number available when contacting the above helpdesks.

HealthPoint HealthClaims Helpdesk

For reporting of HealthPoint faults, instructions on how to process HealthPoint transactions and adding or deleting providers.

1300 301 692 Monday to Friday, 8.00am to 6.00pm AEST
Saturday 8.00am to 2.00pm AEST

Note. The training department operates Monday to Friday, 9.00am to 5.00pm AEST (Except for Public Holidays)

Please assist us by having your Customer ID/SUN ID number available when contacting HealthPoint HealthClaims Helpdesk. This ID can be located on receipts printed from the EFTPOS terminal and begins with SUN.

Your Merchant Details

Suncorp Merchant No. ☐☐☐☐☐☐☐☐

Suncorp Terminal No. ☐☐☐☐☐☐☐☐

SUN No. ☐☐☐☐☐☐☐☐

Manual Authorisation

Visa/Mastercard Credit Card
1300 301 221 24 hours a day, 7 days a week

Debit Cards
1800 836 055 24 hours a day, 7 days a week

Please have the following information ready:

- merchant number
- card details – card number, expiry date
- transaction amount

2.2 Health Fund Contacts

For enquiries about a fund member's entitlements or problems with their card, call the relevant fund's Member Services number. For enquiries about provider numbers, or any difficulties with provider payments, call the relevant fund's Provider Information number.

Health Fund	Member Services	Provider Information
AAMI	13 16 42	13 16 42
ACA	1300 368 390	1300 368 390
ADF Family Health	1300 306 289	1300 306 289
ahm	1300 481 776	1300 481 776
APIA	13 16 42	13 16 42
Australian Unity	1300 459 304	1300 459 304
BUPA	131 243	1800 060 239
CBHS	1300 654 123	1300 654 123
CBHS Corporate	1300 586 462	1300 586 462
CUA	1300 499 260	1300 499 260
Defence Health	1800 335 425	1800 335 425
GMHBA	1300 446 422	1300 301 437
HBF	133 423	133 423
HCF	131 334	1300 799 275
Health.com	1300 199 802	1300 199 802
HIF	1300 134 060	1300 134 060
Latrobe Health Services	1300 362 144	1300 362 144
Medibank Private	132 331	1300 654 887
Navy Health	1300 306 289	1300 306 289
NIB	13 14 63	13 14 42
Onemedifund	1800 804 950	1800 804 950
Peoplecare	1800 808 690	(02) 4224 4333
Phoenix Health	1800 028 817	1800 028 817
Police Health	1800 603 603	1800 603 603
Qantas Assure	13 16 42	13 16 42

Health Fund	Member Services	Provider Information
Queensland Country Health	1800 813 415	(07) 4750 3200
RT Health	1300 886 123	1300 886 123
Suncorp Health	13 16 42	13 16 42
Teachers Health Fund	1300 727 538	1300 727 538
Teachers Union Health	1300 360 701	1300 360 701
Uni Health Insurance	1300 367 906	1300 367 906
Westfund	1300 552 132	1300 552 132

3. Glossary of Terms

3.1 The following symbols are used in the procedures detailed in this guide.

	Quick Reference The quick reference lists a simple set of steps that will quickly lead you through the procedure. If you don't know how to perform a step, check the corresponding step in the detailed description (the step numbers are the same).
	Detailed Description The detailed description covers each step of the procedure in detail and includes all the options available on each screen. To help you familiarise yourself with the procedure, the detailed descriptions also include pictures of the HealthPoint screen.
	Start Each procedure starts with a description of what state HealthPoint should be in before you work through the procedure. Most procedures start from the "insert/ swipe" screen.
1.	**Step** Each procedure is made up of one or more numbered steps. Unless you are instructed to go to a different step, follow each step-in sequence through to the end.
	Additional notes or tips Some steps include parts that only apply if a certain condition is true or allow you to perform one of several options.
[ ]	**Action** Select the action specified in the [] square brackets i.e. 'select [ADD]'.
	Warning Do not ignore this screen!
	Finish The "thumbs up" indicates you've completed the procedure.
	Cross Reference In some parts of the procedures, you need to branch to the step or section shown by the cross reference symbol.
	Please Wait This symbol indicates that, at this point in the procedure, HealthPoint connects to the HealthPoint Health Message centre to send and receive information. This takes a few moments.

4. Some Tips from the Health Funds

To help you avoid some common mistakes with on-line claiming, the health funds have provided the following tips:

- Every time you swipe a patient's card and submit a HealthClaim, HealthPoint connects to the relevant health fund and makes a real, live claim for your patient.
- If a patient disputes the amount of a rebate, cancel the claim and advise them to make a manual claim with the health fund. Cancellations must be made on the same day of service.
- Whenever possible, make one claim for the whole consultation, including all the items covered. Separate claims for each individual item may mean your patient receives a reduced benefit.
- If a patient is receiving a course of treatment, make claims on a consultation by consultation basis, rather than one big claim at the end of the course.
- If you are unsure about which service item codes apply for a particular type of service, consult your professional association. The codes included in this user guide were provided by your association, in consultation with the health funds.
- You must not make a claim for a service or appliance you have not supplied. For example, you cannot claim for a pair of glasses until the patient has actually received the glasses, even if you bill the patient in advance.
- You must not make claims for deposits taken when ordering appliances (e.g. dental crowns, glasses), then claim for the remainder when the appliance is supplied. Make only one claim for each appliance when the appliance is supplied.
- Review the HealthPoint Service Terms and Conditions to make sure you understand your legal obligations under your agreement with the health funds. If you need another copy of your terms and conditions, call the HealthPoint Help Desk on 1300 301 692.
- Remember that the health funds have the right to refuse to accept a claim that does not comply with their requirements. If in doubt, always consult the health fund in question.

5. Terminal Overview

The Terminal Overview provides information on the functionality of the buttons on your Suncorp HealthPoint Terminal and how to initiate a transaction.

Move 2500 Keyboard Layout

Where an action option is displayed above these buttons - simply press the corresponding button to perform the action. Additional options may be available via the Menu/Toggle button.

MENU/Toggle button

Cancel key

Backspace/Clear key

Enter key

To navigate through the menu screens use the up and down arrows to highlight the required menu option and then press Enter to make your selection.

Move 5000 Keyboard Layout

MENU/Toggle button

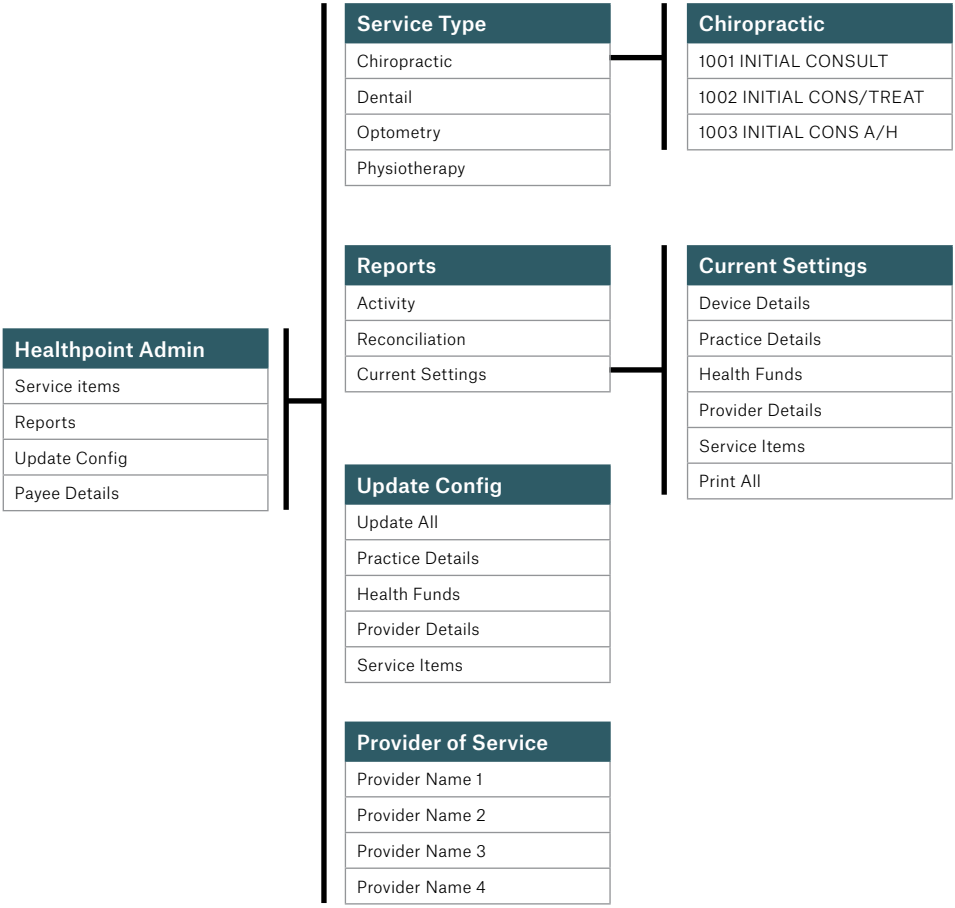
Cancel key

Backspace/Clear key

Enter key

The Move 5000 has an interactive touch screen. To select a menu option simply, touch the required option on screen.

6. HealthPoint Admin Menu Map



7. MOVE2500 – Quick Reference Section

For more information on any step in the following quick reference procedure, refer back to the detailed procedure in the main part of the user guide. The step numbers are always the same in both the quick reference and the detailed procedure.

7.1 Creating a HealthClaim against a Health Fund

	Start from the "swipe" screen.
1.	Swipe the patient's health fund card.
2.	Enter the patient reference number, and then press ENTER.
3.	If HealthPoint displays the PROVIDER OF SERVICE screen, select* the Service Provider from the list, and then press ENTER**
4.	Select up to 16 service items from the list. (a) Select an item from the SERVICES screen. (b) Select the relevant field for editing. Edit as required. Select [NEXT] to confirm. (c) Either [ADD] to add more items or select [NEXT] to make the claim with the selected items.
5.	To add another Patient to the claim, select [ADD] and follow the previous steps
6.	To submit this HealthClaim to the appropriate health fund, select [SUBMIT]. HealthPoint submits the claim and retrieves the health fund response, and then prints a claim assessment for the patient to sign.
7.	Advise the patient of the health fund's rebate of the claim and ask them if they accept it.To accept the rebate offered, select [ACCEPT]. Have the patient sign the health fund assessment. Verify the patient's signature and write your initials on the assessment. File the patient-signed and verified assessment. Retain for two years. To reject the rebate offered, select [REJECT]. HealthPoint rejects the claim and retrieves the health fund response. The terminal will show "VOID approved. What would you like to do with the Claim?" Select [DISCARD], to discard the claim and return to the "swipe" screen. Select [ADJUST], to return to the HEALTHFUND summary screen.
8.	If you have already received monies from the patient, perhaps by way of a deposit or down payment, enter that amount, and then press ENTER. If not, leave the amount blank and press ENTER.
9.	If there are monies owing, HealthPoint asks for the METHOD OF PAYMENT. Answer the question by selecting [EFTPOS], [CASH] or *** [INVOICE] and process accordingly.
10.	A second copy of the receipt will print. Did the receipt print correctly? Select [DONE].

11.	Once you have successfully printed the receipt. Give the receipt to the patient. HealthPoint returns to the “swipe” screen You have finished creating a HealthClaim!
	* Use the up/down arrows to highlight the menu option you wish to select
	** Use the ENTER key to action your selections
	*** Use the MENU button to toggle between screens to access Invoice option

7.2 Cancelling a Healthclaim

➲	Start from the “swipe” screen.
1.	Press the Menu button on the righthand side of the terminal below the screen
2.	Key in the corresponding number for Suncorp Health
3.	Enter the operator password – Press [ENTER]
4.	Select* HEALTHPOINT – Press [ENTER]**
5.	Select Cancel Claim – Press [ENTER]
6.	Swipe the patients Health Fund Membership Card
7.	Press [NEXT] to locate the claim you wish to cancel
8.	Select [PROCEED]
9.	The Cancellation receipt will print
10.	Did the receipt print correctly? Select [DONE]
11.	A second copy of the Cancellation will print
12.	Select [DONE].
13.	Claim cancelled will display on screen, Press [ENTER] to return to the HealthPoint menu
14.	Press [CANCEL] to return to the idle menu
	* Use the up/down arrows to highlight the menu option you wish to select
	** Use the ENTER key to action your selections.

7.3 Retrieving (& Printing) a Healthclaims Reconciliation Report

	Start from the "swipe" screen.
1.	Press the Menu button on the righthand side of the terminal below the screen
2.	Key in the corresponding number for Suncorp Health
3.	Enter the operator password – Press [ENTER]
4.	Select* HEALTHPOINT – Press [ENTER]**
5.	Select HEALTHPOINT ADMIN.
6.	Select REPORTS.
7.	Select RECONCILIATION.
8.	Enter the Date *** you wish to print the Reconciliation Report for This should be entered as DDMMYYYY HealthPoint submits a request for the Reconciliation report from the HealthPoint Message Centre, and then prints the reconciliation on the terminal.
9.	Once printed, select [DONE] to return to the HealthPoint Admin Menu. You have successfully retrieved and printed your report.
10.	Press [CANCEL] to return to the idle menu
	* Use the up/down arrows to highlight the menu option you wish to select
	** Use the ENTER key to action your selections.
	*** Reconciliation Reports are available claiming day plus 1.

7.4 Retrieving (& Printing) a Healthclaims Activity Report

➲	Start from the "swipe" screen.
1.	Press the Menu button on the righthand side of the terminal below the screen
2.	Key in the corresponding number for Suncorp Health
3.	Enter the operator password – Press [ENTER]
4.	Select* HEALTHPOINT – Press [ENTER]**
5.	Select HEALTHPOINT ADMIN.
6.	Select REPORTS.
7.	Select ACTIVITY report.
8.	Enter the Date *** you wish to print the Activity Report for This should be entered as DDMMYYYY HealthPoint submits a request for the Activity report from the HealthPoint Message Centre, and then prints the activity report.
9.	Once printed, select [DONE] to return to the HealthPoint Admin Menu. You have successfully retrieved and printed your report.
10.	Press [CANCEL] to return to the idle menu
	* Use the up/down arrows to highlight the menu option you wish to select
	** Use the ENTER key to action your selections.
	*** Reconciliation Reports are available claiming day plus 1.

7.5 Setting the Fee for an Item

➲	Start from the “swipe” screen.
1.	Press the Menu button on the righthand side of the terminal below the screen
2.	Key in the corresponding number for Suncorp Health
3.	Enter the operator password – Press [ENTER]
4.	Select* HEALTHPOINT – Press [ENTER]**
5.	Select HEALTHPOINT ADMIN.
6.	Select SERVICE ITEMS. HealthPoint will retrieve a list of items known to the terminal.
7.	Select the SERVICE TYPE you want to assign the item to. For example, DENTAL, OPTICAL. Note: The terminal will show the Modalities configured on your terminal.
8.	Select the Service Item
9.	Select EDIT
10.	Select the Fee field
11	Enter the amount using the keypad
12.	Select OK
13.	Press NEXT
14.	Service Items Successfully Update message will be displayed
15.	Select DONE
16.	Press the Cancel button to return to the idle menu
	* Use the up/down arrows to highlight the menu option you wish to select
	** Use the ENTER key to action your selections.

7.6 Adding an Adhoc Item Number

➲	Start from the “swipe” screen.
1.	Press the Menu button on the righthand side of the terminal below the screen
2.	Key in the corresponding number for Suncorp Health
3.	Enter the operator password – Press [ENTER]
4.	Select* HEALTHPOINT – Press [ENTER]**
5.	Select HEALTHPOINT ADMIN.
6.	Select SERVICE ITEMS. HealthPoint will retrieve a list of items known to the terminal.
7.	Select the SERVICE TYPE you want to assign the item to. For example, DENTAL, OPTICAL. Note: The terminal will show the Modalities configured on your terminal.
8.	To add an item, select [FIND], enter the new item code
9.	Item Not Found – Add Item?
10.	Select YES
11	Edit Service is displayed
12.	Press [ENTER] using the keypad, type in the Service Description
13.	Press [ENTER]
14.	Select Fee
15.	Enter the Fee using the keypad, Press [ENTER]
16.	Select OK
17.	Select NEXT
18.	Service Items Successfully Updated message will be displayed
19.	Select DONE
20.	Press the CANCEL button to return to the idle menu
	* Use the up/down arrows to highlight the menu option you wish to select
	** Use the ENTER key to action your selections.

7.7 Rebate Estimate (Quote)

You can obtain a rebate estimate from any health fund simply by rejecting the outcome of a claim once returned by the health fund, (i.e. submit the claim as you normally would and then reject the response once you have made note of the rebate and gap amounts) voiding the outcome at the Fund.

8. MOVE5000 – Quick Reference Section

For more information on any step in the following quick reference procedure, refer back to the detailed procedure in the main part of the user guide. The step numbers are always the same in both the quick reference and the detailed procedure.

Note: The terminal should be configured to use Bluetooth to the base when out of the cradle for HealthClaims.

8.1 Creating a HealthClaim against a Health Fund

➲	Start from the "swipe" screen.
1.	Swipe the patient's health fund card.
2.	Enter the patient reference number, and then press ENTER.
3.	If HealthPoint displays the PROVIDER OF SERVICE screen, select* the Service Provider from the list, and then press ENTER
4.	Select up to 16 service items from the list. (a) Select an item from the SERVICES screen. (b) Select the relevant field for editing. Edit as required. Select [NEXT] to confirm. Copy/discard item if required. (c) Either [ADD] to add more items or select [NEXT] to make the claim with the selected items.
5.	To add another Patient to the claim, select [ADD] and follow the previous steps
6.	To submit this HealthClaim to the appropriate health fund, select [SUBMIT]. HealthPoint submits the claim and retrieves the health fund response, and then prints a claim assessment for the patient to sign.
7. Ⓘ	Advise the patient of the health fund's rebate of the claim and ask them if they accept it.To accept the rebate offered, select [ACCEPT]. Have the patient sign the health fund assessment. Verify the patient's signature and write your initials on the assessment. File the patient-signed and verified assessment. Retain for two years. Ⓘ To reject the rebate offered, select [REJECT]. HealthPoint rejects the claim and retrieves the health fund response. The terminal will show "VOID approved. What would you like to do with the Claim?" Ⓘ Select [DISCARD], to discard the claim and return to the "swipe" screen. Ⓘ Select [ADJUST], to return to the HEALTHFUND summary screen.
8.	If you have already received monies from the patient, perhaps by way of a deposit or down payment, enter that amount, and then press ENTER. If not, leave the amount blank and press ENTER.

9.	If there are monies owing, HealthPoint asks for the METHOD OF PAYMENT. Answer the question by selecting [EFTPOS], [CASH] or *** [INVOICE] and process accordingly.
10.	A second copy of the receipt will print. Did the receipt print correctly? Select [DONE].
11.	Once you have successfully printed the receipt. Give the receipt to the patient. HealthPoint returns to the “swipe” screen You have finished creating a HealthClaim!
	* The Move 5000 has an interactive screen. To select a menu option, simply ‘touch’ the option on the screen itself.

8.2 Cancelling a Healthclaim

➲	Start from the “swipe” screen.
1.	Press the Menu button on the righthand side of the terminal below the screen
2.	Key in the corresponding number for Suncorp Health
3.	Enter the operator password – Press [ENTER]
4.	Select* HEALTHPOINT – Press [ENTER]
5.	Select Cancel Claim
6.	Swipe the patients Health Fund Membership Card
7.	Press [NEXT] to locate the claim you wish to cancel
8.	Select [PROCEED]
9.	The Cancellation receipt will print
10.	Did the receipt print correctly? Select [DONE]
11.	A second copy of the Cancellation will print
12.	Select [DONE].
13.	Claim cancelled will display on screen, Press [ENTER] to return to the HealthPoint menu
14.	Press [CANCEL] to return to the idle menu
	* The Move 5000 has an interactive screen. To select a menu option, simply ‘touch’ the option on the screen itself.

8.3 Retrieving (& Printing) a Healthclaims Reconciliation Report

	Start from the "swipe" screen.
1.	Press the Menu button on the righthand side of the terminal below the screen
2.	Key in the corresponding number for Suncorp Health
3.	Enter the operator password – Press [ENTER]
4.	Select* HEALTHPOINT
5.	Select HEALTHPOINT ADMIN
6.	Select REPORTS.
7.	Select RECONCILIATION.
8.	Enter the Date ** you wish to print the Reconciliation Report for This should be entered as DDMMYYYY HealthPoint submits a request for the Reconciliation report from the HealthPoint Message Centre, and then prints the reconciliation on the terminal.
9.	Once printed, select [DONE] to return to the HealthPoint Admin Menu. You have successfully retrieved and printed your report.
10.	Press [CANCEL] to return to the idle menu
	* The MOVE5000 has an interactive screen. To select a menu option, simply 'touch' the option on the screen itself.
	** Reconciliation Reports are available claiming day plus 1.

8.4 Retrieving (& Printing) a Healthclaims Activity Report

➲	Start from the "swipe" screen.
1.	Press the Menu button on the righthand side of the terminal below the screen
2.	Key in the corresponding number for Suncorp Health
3.	Enter the operator password – Press [ENTER]
4.	Select* HEALTHPOINT – Press [ENTER]
5.	Select HEALTHPOINT ADMIN.
6.	Select REPORTS.
7.	Select ACTIVITY report.
8.	Enter the Date ** you wish to print the Activity Report for This should be entered as DDMMYYYY HealthPoint submits a request for the Activity report from the HealthPoint Message Centre, and then prints the activity report.
9.	Once printed, select [DONE] to return to the HealthPoint Admin Menu. You have successfully retrieved and printed your report.
10.	Press [CANCEL] to return to the idle menu
	* The MOVE5000 has an interactive screen. To select a menu option, simply 'touch' the option on the screen itself.
	** Activity Reports are available claiming day plus 1.

8.5 Setting the Fee for an Item

➲	Start from the “swipe” screen.
1.	Press the Menu button on the righthand side of the terminal below the screen
2.	Key in the corresponding number for Suncorp Health
3.	Enter the operator password – Press [ENTER]
4.	Select* HEALTHPOINT
5.	Select HEALTHPOINT ADMIN.
6.	Select SERVICE ITEMS. HealthPoint will retrieve a list of items known to the terminal.
7.	Select the SERVICE TYPE you want to assign the item to. For example, DENTAL, OPTICAL. Note: The terminal will show the Modalities configured on your terminal.
8.	Select the Service Item you wish to set the fee for
9.	Select EDIT
10.	Select Fee
11	Enter the amount using the keypad, Press ENTER
12.	Select OK
13.	Press ENTER
14.	Service Items Successfully Update message will be displayed
15.	Select DONE
16.	Press the CANCEL button to return to the idle menu
	* The MOVE5000 has an interactive screen. To select a menu option, simply ‘touch’ the option on the screen itself.

8.6 Adding an Adhoc Item Number

➲	Start from the “swipe” screen.
1.	Press the Menu button on the righthand side of the terminal below the screen
2.	Key in the corresponding number for Suncorp Health
3.	Enter the operator password – Press [ENTER]
4.	Select* HEALTHPOINT
5.	Select HEALTHPOINT ADMIN.
6.	Select SERVICE ITEMS. HealthPoint will retrieve a list of items known to the terminal.
7.	Select the SERVICE TYPE you want to assign the item to. For example, DENTAL, OPTICAL. Note: The terminal will show the Modalities configured on your terminal.
8.	To add an item, select FIND
9.	Enter the new item code, Press ENTER
10.	Item Not Found – Add Item? Is displayed
11	Select YES
12.	Edit Service is displayed
13.	Press [ENTER] and using the keypad, type in the Service Description
14.	Press [ENTER}
15.	Select Fee
16.	Enter the Fee using the keypad, Press [ENTER]
17.	Select OK
18.	Press ENTER
19.	Service Items Successfully Updated message will be displayed
20.	Select DONE
21.	Press the CANCEL button to return to the idle menu
	* The MOVE5000 has an interactive screen. To select a menu option, simply ‘touch’ the option on the screen itself.

8.7 Rebate Estimate (Quote)

You can obtain a rebate estimate from any health fund simply by rejecting the outcome of a claim once returned by the health fund, (i.e. submit the claim as you normally would and then reject the response once you have made note of the rebate and gap amounts) voiding the outcome at the Fund.

9. MOVE2500

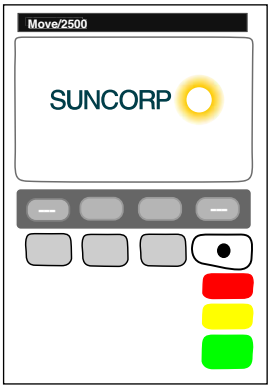
9.1 Creating a HealthPoint Claim against a Health Fund

9.1.1 Detailed Description

For a brief summary of this procedure, see the Quick Reference Section.

- *Use the up/down arrows to highlight the menu option you wish to select
- ** Use the ENTER key to action your selections.
- ***Use the MENU button to toggle between screens

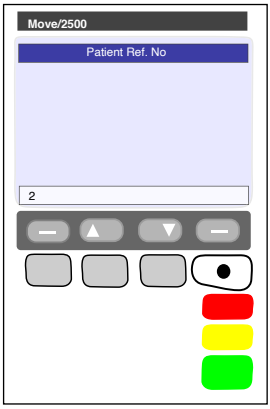
➲ Start from the “swipe” screen.



1. Swipe the patient’s health fund card.

   If the card won’t swipe, you cannot proceed with the claim. Our agreement with the health funds requires the patient to be present and to have a valid health fund card to make a claim.

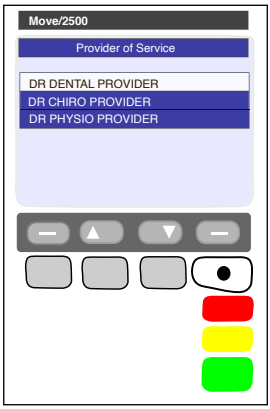
   HealthPoint displays the health fund patient reference screen



2. Enter the patient reference number (on their health fund card) then press ENTER.

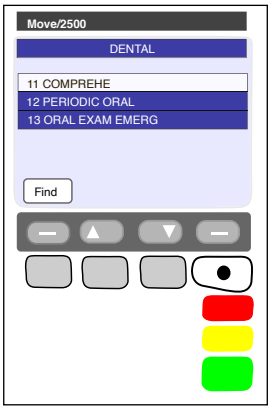
   Note: You do not have to enter a ‘leading zero’. For example, if the patient is numbered 01 on the card, just enter 1 into HealthPoint

HealthPoint displays the Provider of Service screen



3. Select the servicing provider from the list, Press ENTER
   - To see more screens of providers, use the arrow keys.
   - If the practitioner is not on the list, but has been registered with HealthPoint, see the section of this guide titled 'Adding a Practitioner'.
   - If the Provider is not registered with HealthPoint please contact the HealthPoint Healthclaims Helpdesk on 1300 301 692 to add the new provider to the HealthPoint system.

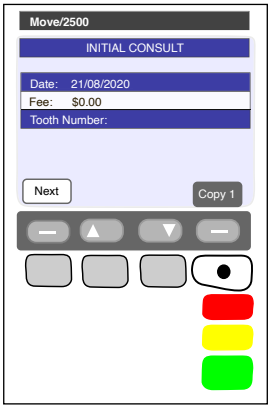
HealthPoint displays a list of services applicable to the practitioner selected. For example, if you select DR DENTAL PROVIDER as the practitioner, the services displayed might look like this.



4. Select and confirm up to sixteen service items from the services screen.

   4(a) Select a service item from the list displayed on the services screen

HealthPoint displays the ADD SERVICE screen

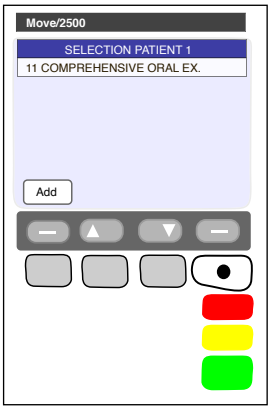


4(b) If you wish to edit the fee, select FEE, key in the amount, press [ENTER]. If the item and fee are correct, select NEXT to add the item to the claim.

This screen shows the items you have added to the claim for Patient 1.

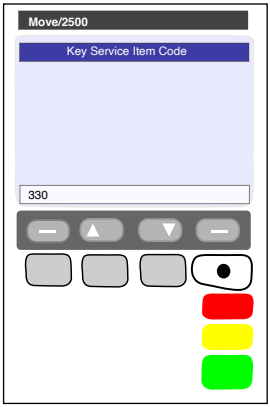
4(c) Either select [ADD] to select more items (go back to step 4(a)), or select [NEXT] to proceed, go to step (4f)

Each of these steps (4(a) – 4(c)) has several options which are shown in more detail below. For more information on adding items to claims, see steps 4(d) to 4(f) below. To proceed with processing the claim, go to step (5).

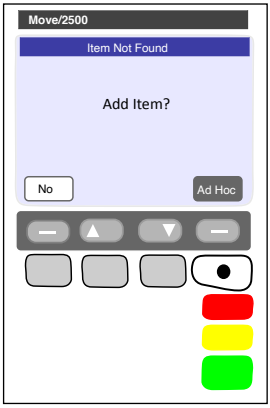


4(d) At the SERVICES screen shown, select an item from the list, then go on to the next step.

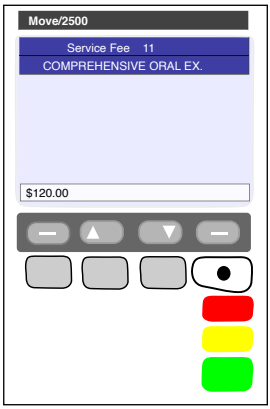
- View the items you have already selected.
- To see more screens of items from the menu, use the arrow keys [DOWN] AND [UP].
- Go to part 4(f) of this step.
- Select [FIND] to find an item in the list. HealthPoint displays the KEY SERVICE screen.



- If the item code is not in the list, HeathPoint displays the ITEM NOT FOUND screen.

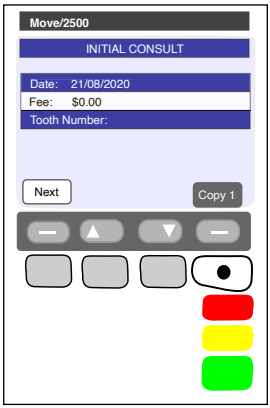


Answer the question by selecting one of the following:



- If you select [AD-HOC], HealthPoint adds the item to this claim, but not to your regular list of items. HealthPoint displays the AD-HOC SERVICE screen. Go to step 4(e).
- If you select [YES], HealthPoint adds the item both to this claim, and to your regular list of items. HealthPoint displays the NEW SERVICE screen. Go to step 4(e).
  - If you select [NO], HealthPoint returns to the FIND ITEM screen. Press CANCEL to go back to the service list. Go to step 4(d).

After you have selected an item from the list, HealthPoint displays the ADD SERVICE screen, showing the details of the item you just selected.



4(e) To confirm your selection of this item (i.e. to add it to your claim), press NEXT, and then go on to step 4(f).

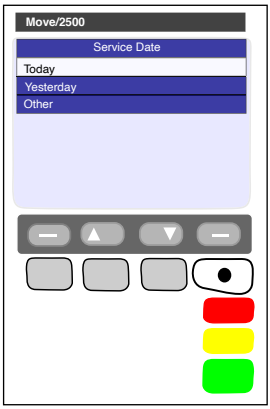
- Alternatively, perform one (or more) of the following actions: To discard this item, if you decide not to select it, use the MENU button to toggle between screens and select [DISCARD].
- HealthPoint returns to the item list screen. Go back to part 4(a) of this step.
  - To copy the current item, select [COPY]. HealthPoint copies the item, as displayed on the screen, to your claim. It then displays the copy of the item on the screen as a new current item. You can now make changes to this new copy of the item, such as the body part. HealthPoint displays the number of copies made next to the COPY key.
  - Go back to the top of this part 4(e) of this step.

— To adjust the date of service, select the DATE, Press ENTER

HealthPoint displays the SERVICE DATE screen

— If the date of service is more than a day ago, select 'OTHER', then enter the date as one big number in the format DDMMYYYY (day month year, with no spaces in between), then press ENTER.

Note: A claim cannot be made for a service to be delivered at a future date.



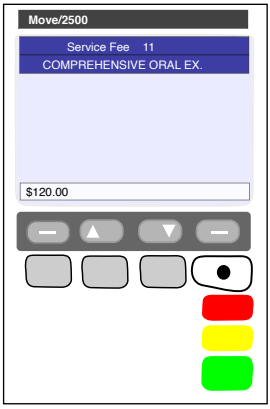
— Go back to the top of this part 4(e) of this step.

— To adjust the fee for this service, select FEE. HealthPoint displays the SERVICE FEE screen

HealthPoint displays the fee stored in the item list. Enter the correct fee by typing over the fee displayed, and then press ENTER.

This does not change the "standard" fee on the item list, only for this instance for this patient. It is possible to select several copies of an item, each with a different fee.

Note: The fee entered must always be equal to the amount actually charged to the patient including discounted amounts.

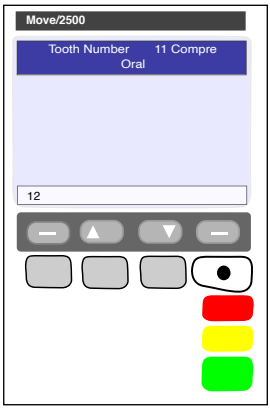


— Go back to the top of this part 4(e) of this step.

— To adjust the TOOTH NUMBER (dentists only), select Tooth Number.

HealthPoint displays the TOOTH NUMBER screen.

Enter the two-digit ADA (Australian Dental Association) standard tooth number, and then press ENTER.



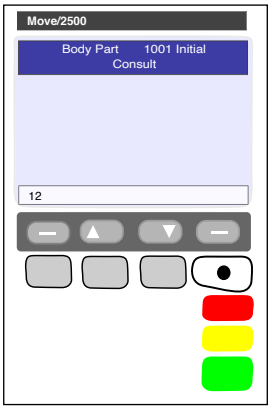
Go back to the top of this part 4(e) of this step.

— To adjust the body part (Physiotherapists only), select BODY PART.

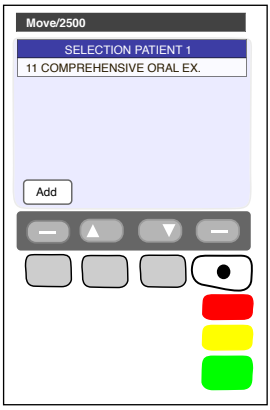
— HealthPoint displays the BODY PART screen.

Enter the body part for this item, and then press ENTER

Go back to the top of this part 4(e) of this step.



After you have pressed ENTER, HealthPoint displays the SELECTION PATIENT screen.



This screen shows the items added to your claim

4(f) To make the claim with the items displayed, press NEXT, then go on to step 5.

Alternatively, perform one (or more) of the following actions:

To add another item, select [ADD].

HealthPoint displays the SERVICES screen.

Go back to the top of this step (step 4a).

To remove an item from your selection, select the item.

HealthPoint displays the ADJUST SERVICE screen. Select [DISCARD].

Go back to the top of 4(f).

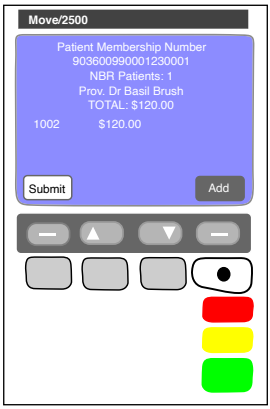
To adjust an item (or review it), select the item.

HealthPoint displays the ADJUST SERVICE screen.

Make any required adjustments (e.g. to fee, body part, tooth number, etc.) as described in part 4(e) of this step then press ENTER.

— Go back to the top of 4(f).

After you have pressed NEXT, HealthPoint displays the HEALTH FUND 'summary' screen.



5. To submit this Healthclaim to the appropriate health fund, select [SUBMIT]

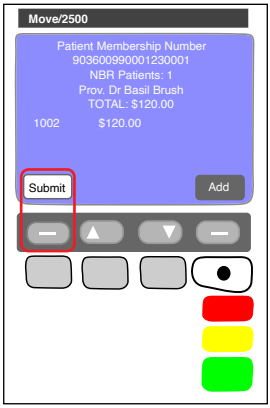
   Alternatively, perform one (or more) of the following actions:

   To add another patient to this claim, select [ADD]

   To see more screens of items, select [DOWN] or [UP]

   ↳ Go back to step 2 and follow through the steps again until you return to the HEALTH FUND "summary" screen. You don't have to select the practitioner again.

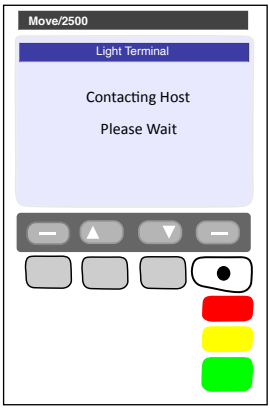
   Note: Any single claim may only include services performed by one practitioner. Services performed by a different practitioner must be included in a separate claim.



Once you have pressed SUBMIT, HealthPoint attempts to make a connection to the HealthPoint Health Message Centre.

HealthPoint displays a message on the screen, which indicates what it is currently doing. These messages include:

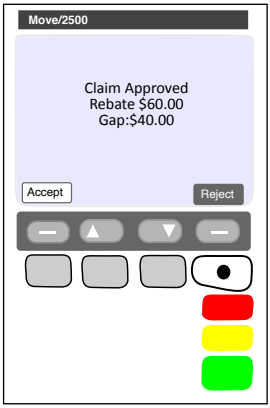
— CONTACTING HOST, PLEASE WAIT



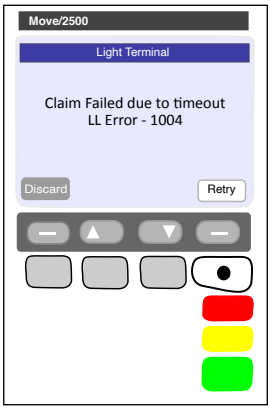
After HealthPoint has finished submitting the claim and receiving the health fund's response, it prints a copy of the claim receipt. HealthPoint prints an assessment, and then displays the HEALTH FUND "assessment" screen.

The printed assessment shows the health fund's responses to each item and to the claim as a whole.

A response of "00" or "0000" means the claim or item has been approved. Explanations of the other responses are detailed in Appendix A: Health Fund Responses.



If an error occurs during the claim submission, HealthPoint displays the HEALTH FUND "failed submission" screen.



Answer the question by selecting [DISCARD], or [RETRY].

If you select [RETRY], HealthPoint tries to send the claim again.

If you select [DISCARD], HealthPoint discards the claim completely, and then returns to the "swipe" screen.

Go to step 1.

Most errors that occur during a claim submission are one-offs. We recommend you try again (select [RETRY]).

If the error occurs again, call the HealthPoint HealthClaims Help Desk on 1300 301 692.

If the Health Fund has rejected the claim, see Health Fund Responses to HealthClaims for information on what to do next.

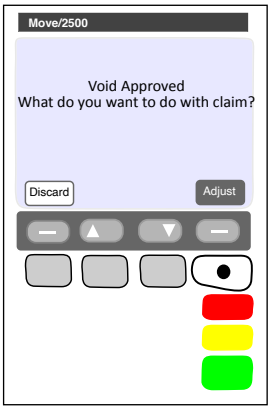
6. Advise the patient of the health fund's rebate of the claim and ask them if they accept it.

   Have the patient sign the health fund assessment.

   Verify the patient's signature.

   File the patient-signed and verified assessment. Retain for two years.

You can answer HealthPoint's question by selecting [ACCEPT] or [REJECT]



If you select [ACCEPT],

Go to step 7.

If you select [REJECT],

HealthPoint attempts to make a connection to the HealthPoint Message Centre to send a claim rejection, in much the same way when you submitted the claim in step 5.

If an error occurs during the claim submission, HealthPoint displays the HEALTH FUND "failed submission" screen

Answer the question by selecting one of the following:

If you select [DISCARD], HealthPoint discards the rejection, and then returns to the "swipe" screen. If you select [RETRY], HealthPoint tries to REJECT the claim again.

This means the claim, which has gone through to the health fund, remains in force. To cancel it, see Cancelling a HealthClaim.

After HealthPoint has finished rejecting the claim and receiving the health fund's response, it prints a copy of the rejection receipt.

If the health fund does not accept the rejection, see Health Fund Responses to HealthClaims for information on what to do next.

If the health fund accepts the claim rejection, HealthPoint displays the VOID APPROVED screen.

Answer the question by selecting one of the following:

If you press [DISCARD], HealthPoint returns to the "swipe" screen.

Go to the end of the procedure.

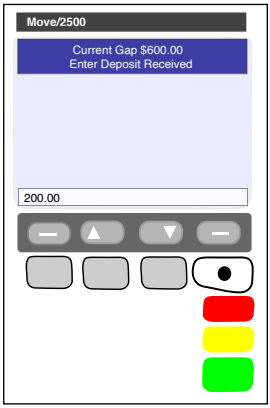
If you press [ADJUST], HealthPoint returns to the HEALTH FUND summary screen. Adjust (change) the claim and submit it again

Go to step 5

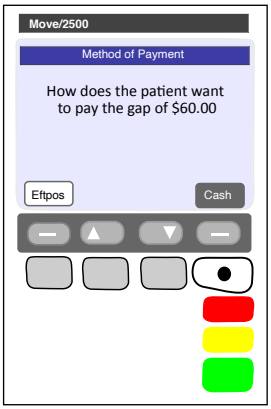
7. Once the claim has been submitted, HealthPoint displays the DEPOSITS RECEIVED screen.

   If you have already received monies from the patient, perhaps by way of a deposit or down payment, enter that amount, and then press ENTER.

   If there was no deposit paid, leave the amount as zero and press ENTER. HealthPoint adjusts the gap amount by the amount you just entered.



8. If there are monies owing (because the rebate did not cover the fees for the services rendered), HealthPoint displays the METHOD OF PAYMENT screen. Answer the question by selecting [EFTPOS], [CASH], [INVOICE]



- If you selected [EFTPOS], process the EFTPOS transaction according to the Suncorp's EFTPOS Merchant Facilities Quick Reference Guide. If your terminal is Multi Merchant, you may be required to select the *Merchant for payment.

*Please call the HealthPoint HealthClaims Help Desk on 1300 301 692 for assistance if you wish to map your Providers to the available Merchants. This will eliminate the requirement to select the Merchant at the time of payment.

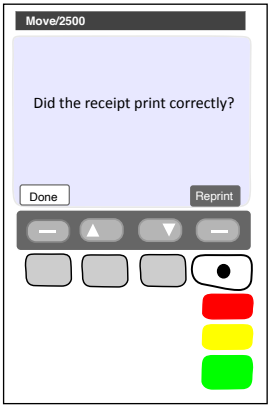
- If you selected [CASH], HealthPoint will print receipts.
- If you selected [INVOICE], HealthPoint will print accounts. HealthPoint prints a receipt or account for the practice, and then displays the PRINT CONFIRMATION screen.

Note: To select [INVOICE], press the MENU button to toggle between screens

HealthPoint will print receipts.

Wait for the receipt to print, then select [DONE]

- Select [DONE] if the receipt is correct. Give the receipt to the patient.



Select [REPRINT] if the receipt did not print correctly.

Select [SKIP] if the receipt did not print correctly and is not required.

Note: To select [SKIP], press the MENU button to toggle between screens

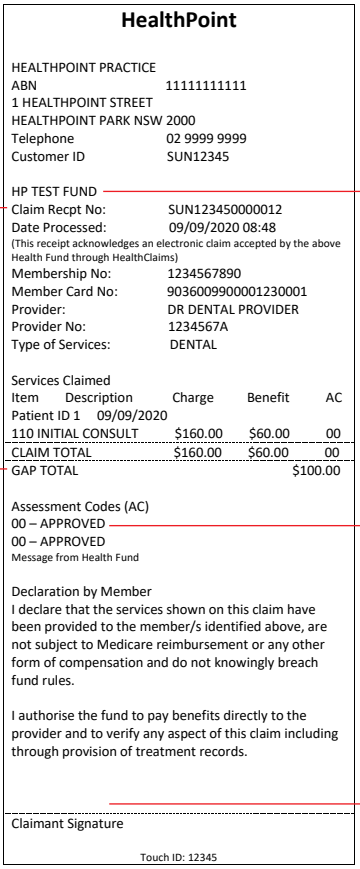
— Give the receipt to the patient. HealthPoint returns to the "insert/swipe" screen

You have finished creating a HealthClaim.

9.2 About the HealthClaims Receipt

The HealthClaims Receipt is a paper record of the claim sent to the health fund via HealthPoint.

9.2.1 Terminal Printout (Example Only)



HealthPoint

HEALTHPOINT PRACTICE
ABN 11111111111
1 HEALTHPOINT STREET
HEALTHPOINT PARK NSW 2000
Telephone 02 9999 9999
Customer ID SUN12345

HP TEST FUND
Claim Recpt No: SUN123450000012
Date Processed: 09/09/2020 08:48
(This receipt acknowledges an electronic claim accepted by the above Health Fund through HealthClaims)
Membership No: 1234567890
Member Card No: 9036009900001230001
Provider: DR DENTAL PROVIDER
Provider No: 1234567A
Type of Services: DENTAL

Services Claimed

Item	Description	Charge	Benefit	AC
Patient ID 1	09/09/2020			
110	INITIAL CONSULT	$160.00	$60.00	00
	CLAIM TOTAL	$160.00	$60.00	00
	GAP TOTAL			$100.00

Assessment Codes (AC)
00 – APPROVED
00 – APPROVED
Message from Health Fund

Declaration by Member
I declare that the services shown on this claim have been provided to the member/s identified above, are not subject to Medicare reimbursement or any other form of compensation and do not knowingly breach fund rules.

I authorise the fund to pay benefits directly to the provider and to verify any aspect of this claim including through provision of treatment records.

Claimant Signature

Touch ID: 12345

9.3 Cancelling a HealthPoint Claim

Use this procedure to cancel a HealthClaim you submitted and which the patient accepted earlier today.

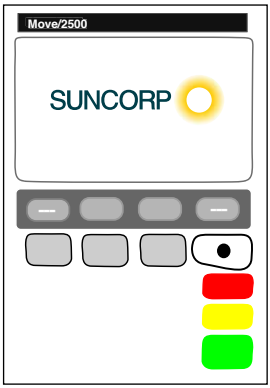
Note: You need the patient's health fund card in order to cancel the claim. The health funds will only accept the cancelling of a claim on the same day it was submitted.

Note: The day ends at midnight Sydney Time, so claims submitted before midnight Sydney time cannot be cancelled after midnight Sydney time, irrespective of your local time zone. The health funds agreed operating hours mean that the HealthClaims service may not be available at this hour.

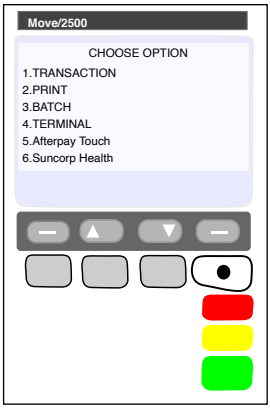
9.3.1. Detailed Description

For a brief summary of this procedure, please refer to the Quick Reference Section.

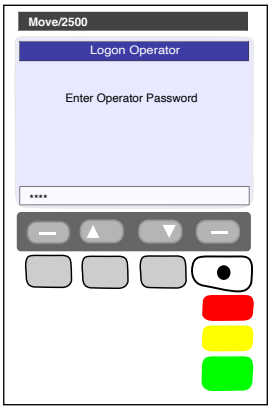
➲ Start from the "swipe" screen.



1. Press the Menu button on the righthand side of the terminal below the screen
2. Key in the corresponding number for Suncorp Health

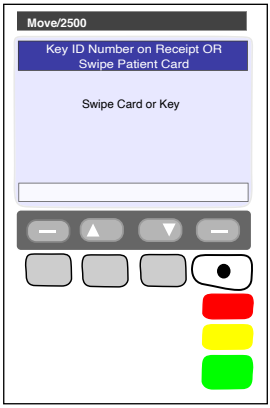


3. If you have set up an operator ID on your HealthPoint you will be prompted to enter the Operator Password
4. Enter the OPERATOR PASSWORD – press ENTER
5. Select HEALTHPOINT – press ENTER
6. Select CANCEL CLAIM – press ENTER



In order to cancel a claim, you must first find the claim.

HealthPoint will display the FIND CLAIM screen.

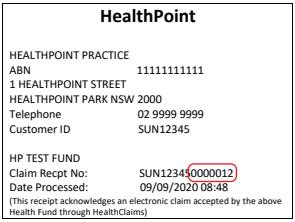


7. Perform one of the following actions to find a specific claim,

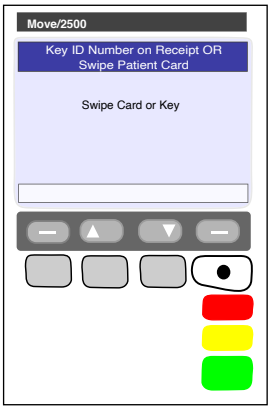
   - Enter the claim receipt number, which you can find on the top of the printed copy of the claim, and press ENTER.

   You only need the second part of the number after the space.

   Note: You do not need to key in all of the zeros at the front of the claim number. For example, to find claim 000020, you only need to key in 20.



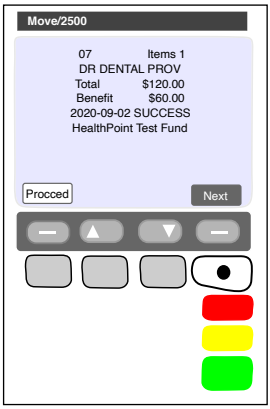
Or To find claim associated with a membership, Swipe the Health Fund Card used to claim with.



HealthPoint will connect to the HealthPoint Claim server and find the claim for cancellation

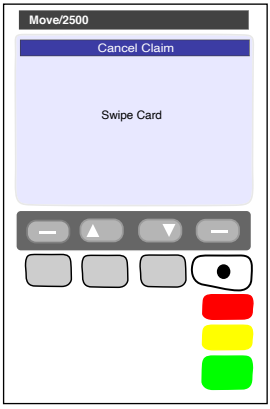
8. To cancel this HealthClaim with the appropriate health fund, select [PROCEED]

If you have already swiped the patient's card to find the claim, no further card swipe is required.



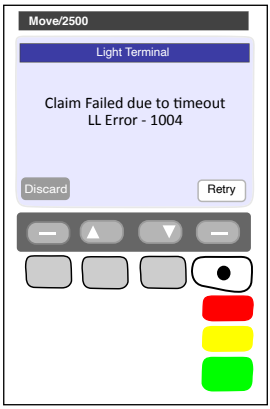
— If you have found the claim by entering the Claim ID, HealthPoint displays the CANCEL FUND CLAIM screen and prompts you to swipe the patient's card.

Note: If the patient is no longer at your practice and you do not have their card, you CANNOT cancel the claim. The health funds only permit cancellation if you use the health fund's card in the presence of the patient on the same day that the claim was submitted. The day finishes at midnight Sydney time.



HealthPoint attempts to make a connection to the HealthPoint Message Centre.

If an error occurs during the claim submission, HealthPoint displays the HEALTH FUND "failed submission" screen.



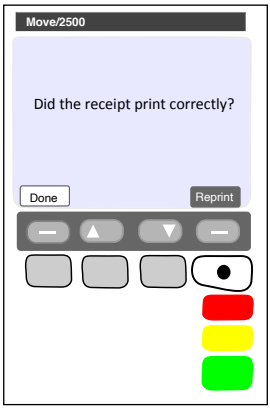
Answer the question by selecting one of the following:

If you select [RETRY], HealthPoint tries again to cancel the claim.

If you select [DISCARD], HealthPoint discards the attempt to cancel the claim, and then returns to REVIEW CLAIM screen.

Go to step 8.

After HealthPoint has finished cancelling the claim and receiving the health fund's response, it prints a copy of the cancelled claim receipt, then displays the PRINT CONFIRMATION screen.



The receipt shows the health fund's responses to the cancellation. A response of "00" means the cancellation has been accepted and approved.

Explanations of the other responses are detailed in the Cancellation and Rejection Responses section of Appendix A: Health Fund Responses.

9. Select [DONE], if the receipt is correct. Select [NO REPRINT] if it has printed incorrectly.

   Have the patient sign the cancellation receipt.

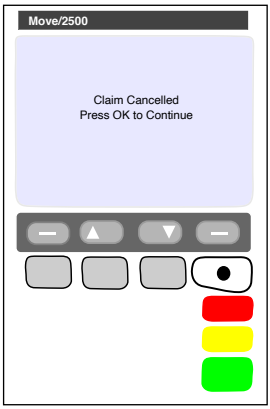
   Verify the patient's signature and write your initials on the cancellation receipt. File the patient-signed and verified cancellation receipt. Retain for two years

   HealthPoint prints a second copy of the cancelled receipt or account for the patient, and then displays the PRINT CONFIRMATION screen again.

10. If the second copy of the receipt has printed successfully, then select [DONE].

HealthPoint displays the CLAIM CANCELLED screen.

11. Press [ENTER] to return to the HealthPoint menu
12. Press [CANCEL] to return to the idle menu
13. 👍 You have finished cancelling a HealthClaim!



9.4 Printing a HealthPoint Reconciliation Report

Use this procedure to print the daily HealthClaims Reconciliation Report.

Reconciliation for a day's claims will be made available the following day. This is by design to ensure that the Reconciliation Report for a day covers the entire day's claims.

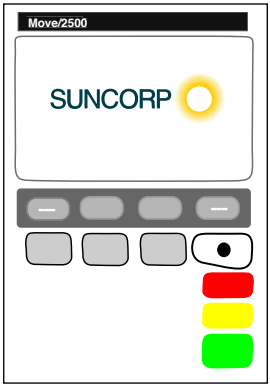
We recommend this report is printed to support reconciliation of the prior days claims.

9.4.1 Detailed Description

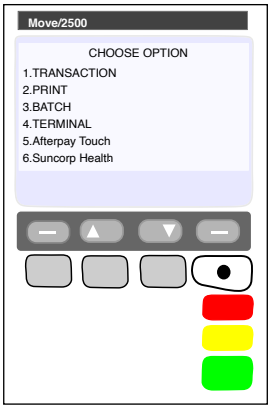
For a brief summary of this procedure, please refer to the Quick Reference Section.

➲ Start from the "swipe" screen.

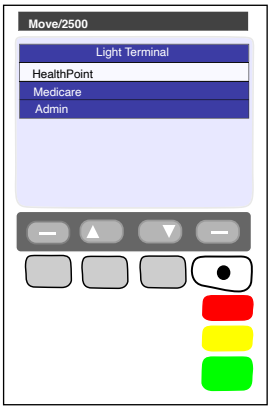
1. Press the Menu button on the righthand side of the terminal below the screen



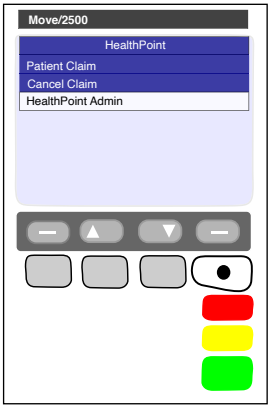
2. Key in the corresponding number for Suncorp Health
3. Enter the OPERATOR PASSWORD – Press ENTER



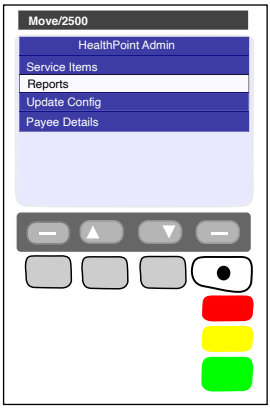
4. Select HEALTHPOINT – Press ENTER



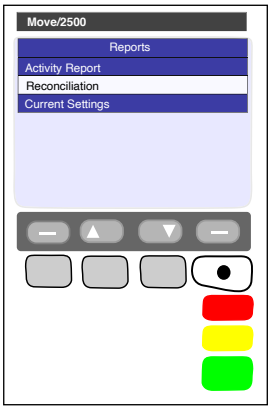
5. HealthPoint displays the HEALTHPOINT screen. Select HEALTHPOINT ADMIN – Press ENTER



6. HealthPoint displays the HEALTHPOINT ADMIN screen. Select REPORTS – Press ENTER

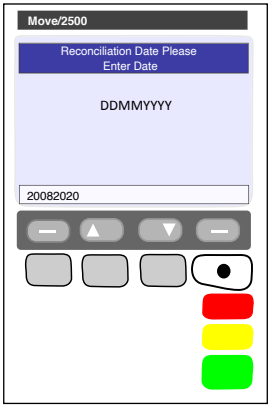


7. Select RECONCILIATION – Press ENTER



8. HEALTHPOINT will prompt you for the Reconciliation Date

   This should be entered as DDMMYYYY (day month year, with no spaces in between), then press ENTER.

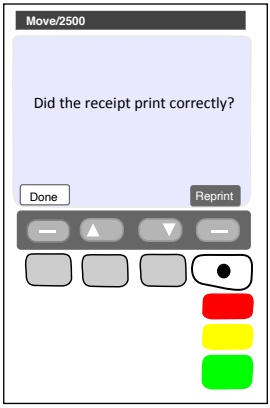


   — HealthPoint submits a request for the Reconciliation report from the HealthPoint Message Centre, and then prints the reconciliation report, then displays the PRINT CONFIRMATION screen.

9. Select [DONE] to confirm the report printed

   — If a reprint is required, select [NO, REPRINT].

   — If the print was not successful, but a reprint is not required, use the MENU button to toggle between screens, select [SKIP].



ⓘ If the print was successful, select [DONE]

HealthPoint returns to the swipe screen

👍 You have successfully printed the HealthClaims Reconciliation Report.

9.4.2 About the Healthclaims Reconciliation Report

The HealthClaims Reconciliation report is HealthPoint's record of the claims sent through to each health fund during a particular day. Each practitioner is shown in a separate section. The Reconciliation report for a days claims is available the following day.

9.4.3 Terminal Printout (Example Only)

HealthPoint

Reconciliation Report

HEALTHPOINT PRACTICE
ABN 11111111111
1 HEALTHPOINT STREET
HEALTHPOINT PARK NSW 2000
Telephone 02 9999 9999
Customer ID SUN12345

Date of Claims: 09/09/2020
Period Covered: 00:00 – 23:59

Claims by Provider

Receipt	Charge	Benefit	Gap	Code
Provider: DR DENTAL PROVIDER Type: DENTIST				
Fund: HP Test Fund				
0000014	$100.00	$40.00	$60.00	00
0000015	$60.00	$20.00	$40.00	00
	-$60.00	-$20.00	*CANCELLED*	
0000018	$260.00	$200.00	$60.00	00
Fund Total	$360.00	$240.00	$120.00	
Total	$360.00	$240.00	$120.00	
Provider: DR PHYSIO PROVIDER Type: PHYSIOTHERAPIST				
Fund: HP Test Fund				
0000016	$100.00	$40.00	$60.00	00
0000017	$60.00	$60.00	$00.00	00
0000019	$80.00	$60.00	$20.00	00
	-$80.00	-$60.00	*VOIDED*	
0000020	$80.00	$00.00	$80.00	12
0000021	$60.00		*AVOID*	
Fund Total	$240.00	$90.00	$140.00	
Total	$240.00	$90.00	$140.00	
TOTAL FEES	$600.00	$330.00	$260.00	
TOTAL REBATE		$330.00		

Summary of Claims

	Number	Amount
Accepted by Fund	4	$330.00
Rejected by Fund	1	$00.00
Total Submitted	8	$800.00
Claims Voided	1	$60.00
Claims Cancelled	1	$20.00

(Check against the Activity Report)

END OF REPORT

Touch Txn ID 12345

9.4.4 Reconciliation Report Definitions

Reconciliation Report Terms	Definition
Customer ID	HealthPoint ID. Should you need to contact the HealthPoint Support team you will need this for identification.
Date of Claims	The date the claims were processed on.
Period Covered	The time period on the claiming date this Reconciliation Report covers.
Receipt	The HealthPoint claim receipt number
Charge	The practice charge for the HealthPoint claim
Benefit	The benefit (rebate) amount the Health Fund responded with.
Gap	The difference between the Charge and the Benefit. Represents the patients out of pocket cost for the services provided.
Code	The Health Fund response or assessment code for the HealthPoint claim.
Fund Total	The total* for each column for 'this' provider for 'this' fund.
Total	The total* for each column for 'this' provider for all fund claims processed during the claiming day.
Total Fees	The total* Fees for each column for all providers, all fund claims processed during the claiming day
Total Rebate	The total* Rebate (benefit) amount for all providers, all fund claims processed during the claiming day.
Accepted by Fund	The total* Rebate (benefit) amount for all providers, all fund claims processed during the claiming day.
Rejected by Fund	Any claim that has been responded to with an assessment code** (Code) other than 00 or 32. The example claim for this is Receipt 0000020 which has a Code of 12 on the report.
Total Submitted	The total number of claims submitted. Includes claims that have been Autovoided Cancelled, Voided.
Claims Voided	Any claim response that has been Voided (Rejected) by the User for Rebate Estimate (Quote) purposes.
Claims Cancelled	Any claim that has been cancelled by the User on the day of the original claim.
Avoid	Any claim where the claim attempt was unsuccessful and therefore 'automatically' Autovoided by HealthPoint.

* Cancelled, Autovoided or Voided claims are excluded from this calculation.

** Please refer to Appendix A for a comprehensive list of Health Fund Response Assessment Codes and the definitions.

9.5 Retrieving (and Printing) HealthPoint Activity Reports

Use this procedure to retrieve any reports waiting for you (e.g. HealthClaims Activity Reports) at the HealthPoint Message Centre.

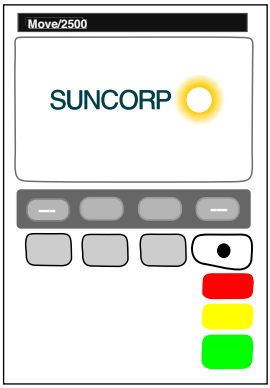
You may retrieve reports at any time. If there are no reports waiting for you to retrieve, there is no harm done.

9.5.1 Detailed Description

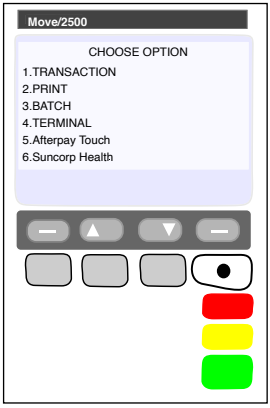
For a brief summary of this procedure, please refer to the Quick Reference Section.

➲ Start from the “swipe” screen.

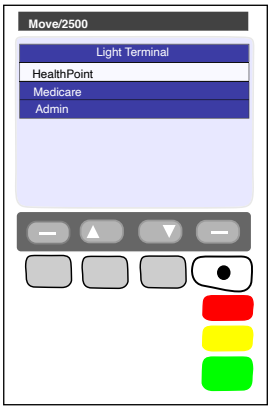
1. Press the Menu button on the righthand side of the terminal below the screen



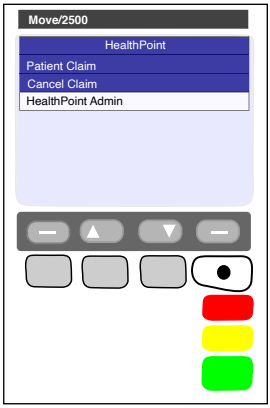
2. Key in the corresponding number for Suncorp Health
3. Enter the OPERATOR PASSWORD – Press ENTER



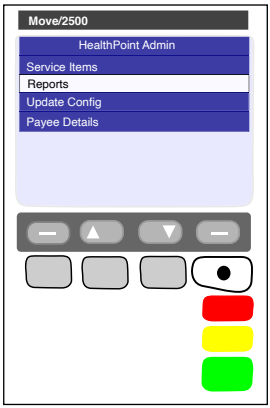
4. Select HEALTHPOINT – Press ENTER



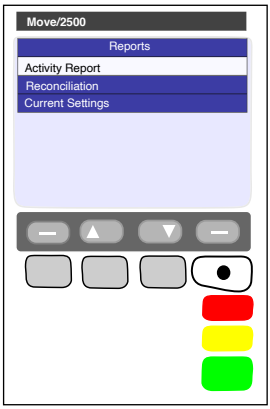
5. HealthPoint displays the HEALTHPOINT screen. Select HEALTHPOINT ADMIN – Press ENTER



6. HealthPoint displays the HEALTHPOINT ADMIN screen. Select REPORTS – Press ENTER

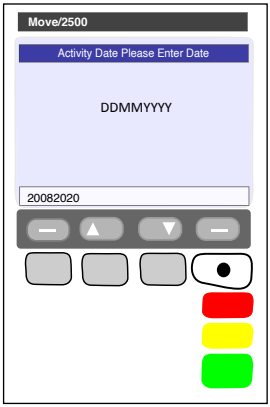


7. Select ACTIVITY REPORT – Press ENTER

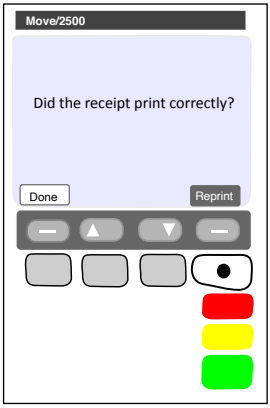


8. HEALTHPOINT will prompt you for the Activity Date

   This should be entered as DDMMYYYY (day month year, with no spaces in between), then press ENTER.



   — HealthPoint submits a request for the Activity report from the HealthPoint Message Centre, and then prints the activity report, then displays the PRINT CONFIRMATION screen.



9. Select [DONE] to confirm the report printed

   ⓘ If a reprint is required, select [REPRINT].

   ⓘ If the print was not successful, but a reprint is not required, use the MENU ◉ button to toggle between screens, select [SKIP].

   ⓘ If the print was successful, select [DONE]

   HealthPoint returns to the swipe screen

   👍 You have successfully printed the HealthClaims Activity Report.

9.5.2 About the Activity Report

The HealthClaims Activity Report shows totals for the claims, voids (rejections), and cancellations made during a particular day. The Activity Report for a day's claims will be made available the following day. This is by design to ensure that the Activity Report for a day covers the entire day's claims.

We recommend this report is printed to support reconciliation of the prior days claims.

9.5.3 Terminal Printout (Example Only)

HealthPoint

Activity Report

HEALTHPOINT PRACTICE
ABN 11111111111
1 HEALTHPOINT STREET
HEALTHPOINT PARK NSW 2000
Telephone 02 9999 9999
Customer ID SUN12345

Date of Transactions 09/09/2020
Benefit Totals

	Number	Amount
Total Submitted	7	$740.00
Claims Voided	1	$60.00
Claims Cancelled	1	$20.00

(Check against the Reconciliation Report)

END OF REPORT
Touch Txn ID 12345

9.5.4 Activity Report Definitions

Activity Report Terms	Definition
Total Submitted	The total number of claims submitted. Includes claims that have been Cancelled or Voided. *Does not include claims detailed as AVOID on the corresponding Reconciliation Report.*
Claims Voided	Any claim response that has been Voided (Rejected) by the User for Rebate Estimate (Quote) purposes.
Claims Cancelled	Any claim that has been cancelled by the User on the day of the original claim.

9.6 Changing the Practitioner List

Occasionally you may need to modify the list of practitioners stored by HealthPoint, perhaps because a locum is visiting your practice. To update the Practitioners on your terminal, you will need to contact the HealthPoint Helpdesk on 1300 301 692.

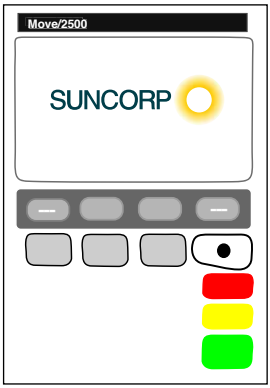
Once HealthPoint have registered your new practitioner in the System, you will be able to download an update to your terminal.

9.6.1 Detailed Description

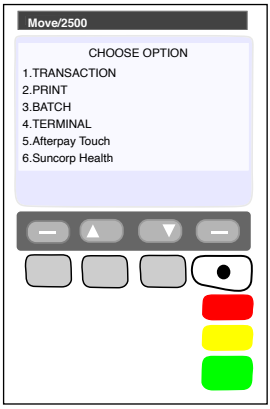
For a brief summary of this procedure, please refer to the Quick Reference Section.

➲ Start from the “swipe” screen.

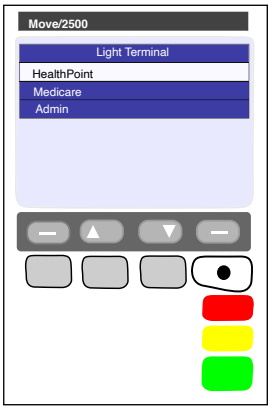
1. Press the Menu button on the righthand side of the terminal below the screen



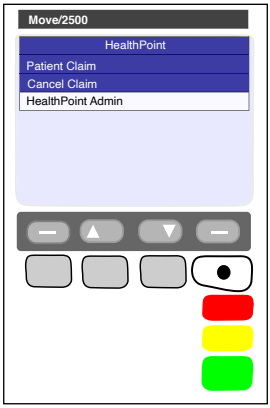
2. Key in the corresponding number for Suncorp Health
3. Enter the OPERATOR PASSWORD – Press ENTER



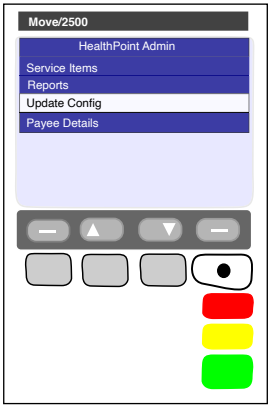
4. Select HEALTHPOINT – Press ENTER



5. HealthPoint displays the HEALTHPOINT screen. Select HEALTHPOINT ADMIN – Press ENTER

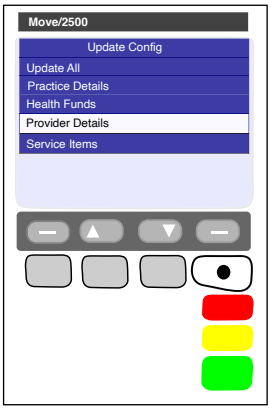


6. HealthPoint displays the HEALTHPOINT ADMIN screen. Select UPDATE CONFIG – Press ENTER



7. HealthPoint displays the UPDATE CONFIG screen.
8. Select PROVIDER DETAILS. HealthPoint will retrieve all available provider updates and will print the applied changes. You will be prompted to confirm the updates have printed correctly. Select [DONE].

   You have successfully updated the Practitioners on your HealthPoint Terminal.



9.7 Changing the Item List

Occasionally you may need to modify the list of service items stored by HealthPoint, perhaps because you have added a service to those performed in your practice, or to adjust your fee structure.

Use this procedure to maintain the list of items.

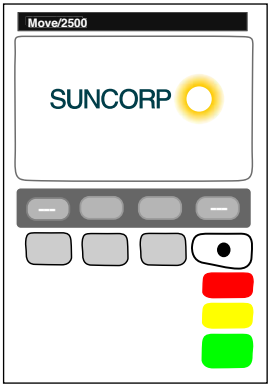
Use this procedure to edit your ancillary item codes only, edit your MBS item codes for Medicare claiming according to the instructions in the Suncorp Medicare Easyclaim User Guide.

9.7.1 Detailed Description

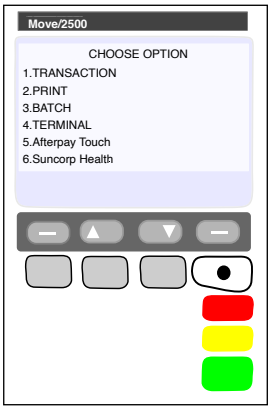
For a brief summary of this procedure, please refer to the Quick Reference Section.

➲ Start from the “swipe” screen.

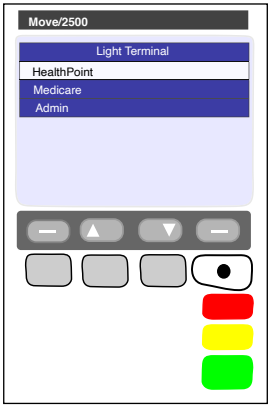
1. Press the Menu button on the righthand side of the terminal below the screen



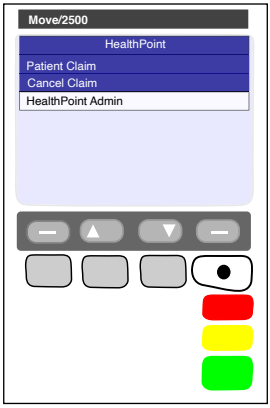
2. Key in the corresponding number for Suncorp Health
3. Enter the OPERATOR PASSWORD – Press ENTER



4. Select HEALTHPOINT – Press ENTER

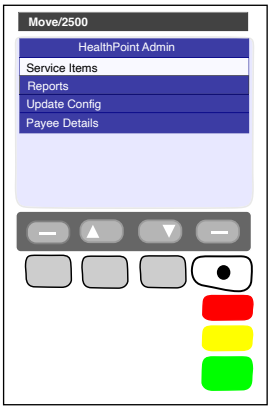


5. HealthPoint displays the HEALTHPOINT screen. Select HEALTHPOINT ADMIN – Press ENTER



6. Select SERVICE ITEMS. HealthPoint displays the SERVICE TYPE screen.

   This list of service types will depend on the service types you have activated on your terminal.

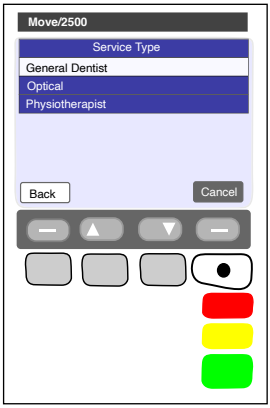


7. Select the service type from the item list you want to modify.

   Note: The terminal will show the Modalities configured on your terminal.

   For example: OPTICAL, DENTAL, etc.

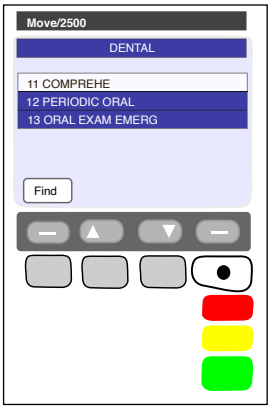
   Note: For some service types, this screen shows more options.



   — HealthPoint will retrieve a list of items known to the terminal.

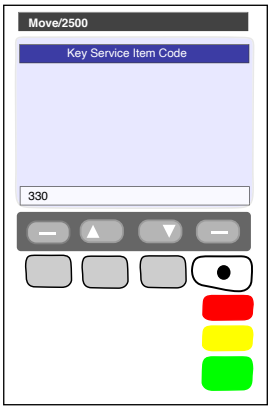
8. Perform one (or more) of the following actions:

   — To see more screens of items, use arrow keys, or select [FIND] (to add an item to the end of the list)



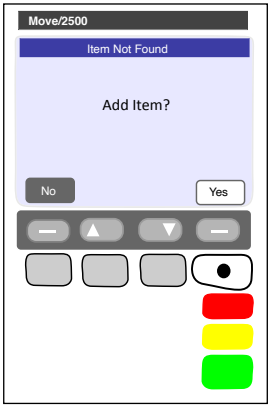
— Select [FIND]. HealthPoint displays the FIND ITEM screen.

(a) Enter the item you wish to add, Press ENTER

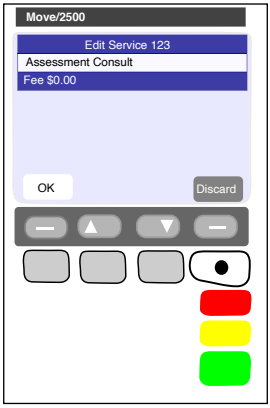


HealthPoint searches the existing list of item numbers. If the new item is not on the list, HealthPoint displays the ITEM NOT FOUND screen.

(b) Select [YES]. HealthPoint displays the EDIT SERVICE screen.



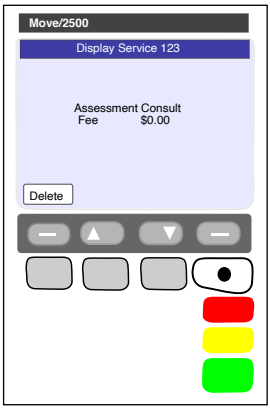
(c) Edit the item details, as described under Editing Item Details.



To edit an item already on the list (e.g. to change the standard fee)

(a) Select the item to edit from the list, or by selecting [FIND] key.

HealthPoint displays the DISPLAY SERVICE screen, showing the item's current details.



(b) Select [EDIT].

(c) Edit the item details, as described under Editing Item Details.

To delete an item, (e.g. because you don't perform that service):

(a) Select the item to edit from the list, or using the [FIND] key.

(b) Press the MENU button to toggle between screens, select [DELETE].

(c) Press ENTER to confirm you want to delete the item. HealthPoint deletes the item from the list.

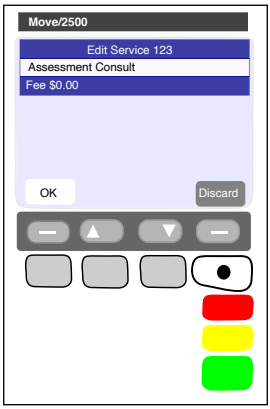
You have modified the item list.

9.7.2 Editing Item Details

This section describes the details you may modify when adding or editing a HealthClaims ancillary item.

Note: MBS items require additional data and are described in the Medical Services User Guide.

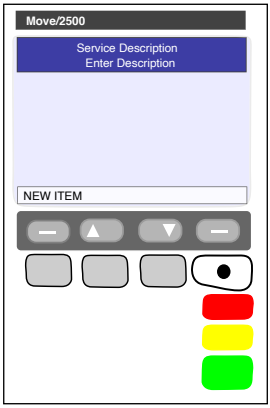
➲ Start from the EDIT SERVICE screen. To access this, Find the item you want to modify, and select [EDIT]



1. Perform one of the following actions:
   — To edit the item name, select Item Description, press [ENTER]. HealthPoint displays the SERVICE DESCRIPTION screen.

   Enter the item's name and then press ENTER. HealthPoint displays this item name on the services item selection screen and on the claim receipts.

   To enter letters, press the key labeled with the letter one or more times, according to the letter's position. For example, the 2 key is labeled "ABC". Hold down the key until the chosen letter appears.



To edit the fee, select FEE

HealthPoint displays the SERVICE FEE screen.

2. Enter the fee for the service, then press ENTER.

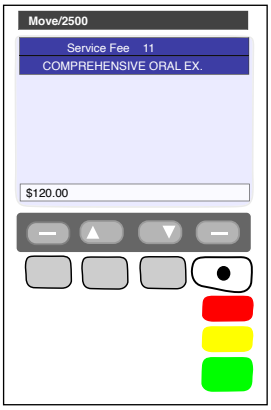
   HealthPoint allows you to edit this fee as you process the claim. For example, some practices offer concession rates for some patients. You would have to edit the fee when creating the claim.

3. Select [OK] then press [NEXT] to save the changes you have just made.

   HealthPoint returns to the DISPLAY SERVICE screen.

   — Go back to the procedure you were following.

You have edited the item details.



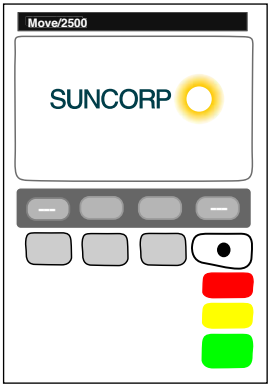
9.8 Changing the Practice Details

HealthPoint prints your practice's name, address, and phone number at the top of all HealthClaims receipts. To change the information displayed on your HealthPoint receipts, call the HealthPoint helpdesk on 1300 301 692 and your updated details will be recorded and sent to the terminal for retrieval.

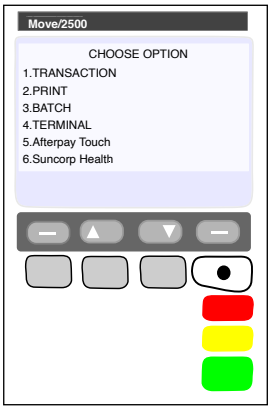
9.8.1 Detailed Description

Start from the "swipe" screen.

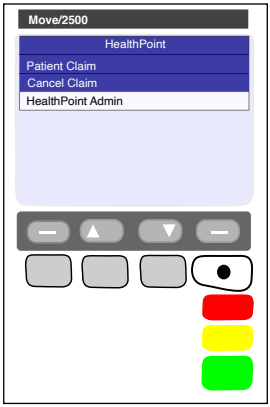
1. Press the Menu button on the righthand side of the terminal below the screen



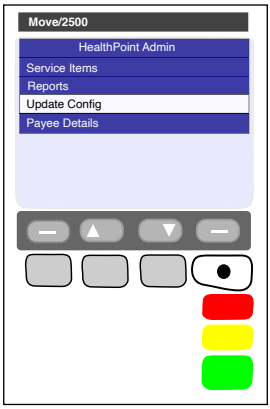
2. Key in the corresponding number for Suncorp Health
3. Enter the OPERATOR PASSWORD – Press ENTER
4. Select HEALTHPOINT – Press ENTER



5. HealthPoint displays the HEALTHPOINT screen. Select HEALTHPOINT ADMIN – Press ENTER



6. HealthPoint displays the HEALTHPOINT ADMIN screen. Select UPDATE CONFIG – Press ENTER

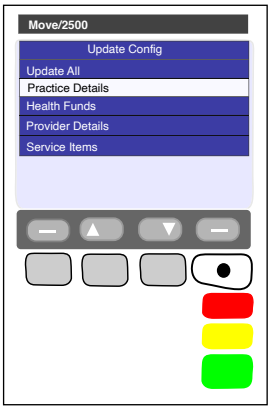


7. HealthPoint displays the UPDATE CONFIG screen.
8. Select Practice Details, press ENTER

   ⌛ HealthPoint will retrieve all PRACTICE DETAIL updates and apply them to the terminal.

   The Terminal will print all updated details

   👍 You have edited the Practice details.



10. MOVE5000

10.1 Creating a HealthPoint Claim against a Health Fund

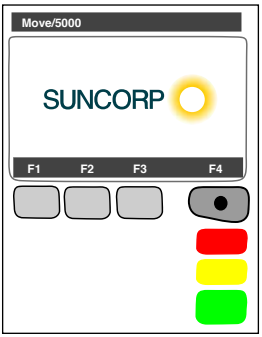
10.1.1 Detailed Description

For a brief summary of this procedure, see the Quick Reference Section.

- The Move 5000 has an interactive screen. To select a menu option, simply 'touch' the option on the screen itself.
- Use the F2 (Up)/F3 (Down) keys to highlight the menu option you wish to select
- Use the TOUCH option or ENTER key to action your selections.

Note: The terminal should be configured to use Bluetooth to the base when out of the cradle for HealthClaims.

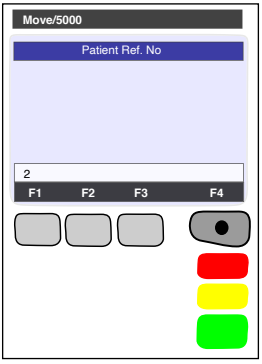
➲ Start from the "swipe" screen.



1. Swipe the patient's health fund card.

   If the card won't swipe, you cannot proceed with the claim. Our agreement with the health funds requires the patient to be present and to have a valid health fund card to make a claim.

HealthPoint displays the health fund patient reference screen

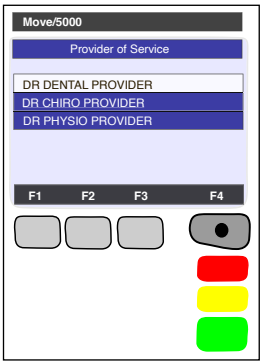


2. Enter the patient reference number (on their health fund card) then press ENTER.

   Note: You do not have to enter a 'leading zero'. For example, if the patient is numbered 01 on the card, just enter 1 into HealthPoint

HealthPoint displays the Provider of Service screen

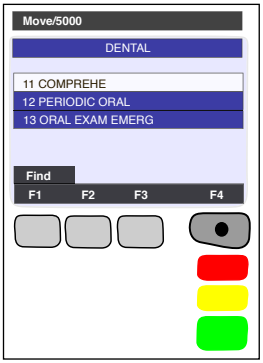
3. Select the servicing provider from the list
   - To see more screens of providers, use the F3 (Down) or F2 (Up) keys
   - If the practitioner is not on the list, but has been registered with HealthPoint, see the section of this guide titled 'Adding a Practitioner'
   - If the Provider is not registered with HealthPoint please contact the HealthPoint Helpdesk on 1300 301 692 to add the new provider to the HealthPoint system.



HealthPoint displays a list of services applicable to the practitioner selected. For example, if you select DR DENTAL PROVIDER as the practitioner, the services displayed might look like this.

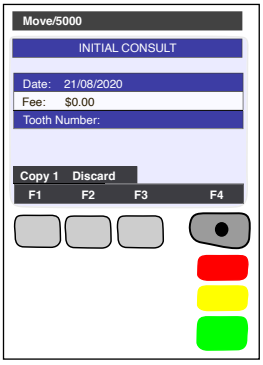
4. Select and confirm up to sixteen service items from the services screen.

   4(a) Select a service item from the list displayed on the services screen

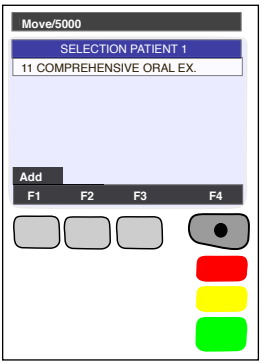


HealthPoint displays the ADD SERVICE screen

4(b) If you wish to edit the fee, select FEE, key in the amount, press [ENTER]. If the item and fee are correct, select NEXT to add the item to the claim.



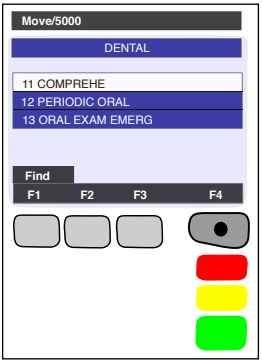
This screen shows the items you have added to the claim for Patient 1.



4(c) Either select [ADD] to select more items (go back to step 4(a)), or press [ENTER] to proceed, go to step 4(f).

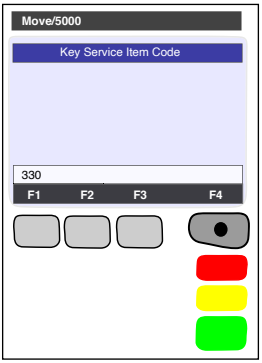
Each of these steps (4(a) – 4(c)) has a number of options which are shown in more detail below. For more information on adding items to claims, see steps 4(d) to 4(f) below. To proceed with processing the claim, go to step (5).

4(d) At the SERVICES screen shown below, select an item from the list, then go on to the next step.

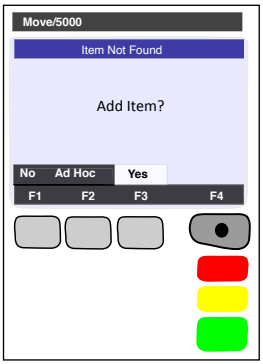


— View the items you have already selected.
— To see more screens of items from the menu, use the F3 [Down] AND F2 [Up] keys.
— Go to part 4(f) of this step.
— Select [FIND] to find an item in the list.

HealthPoint displays the KEY SERVICE screen.



— If the item code is not in the list, HeathPoint displays the ITEM NOT FOUND screen.

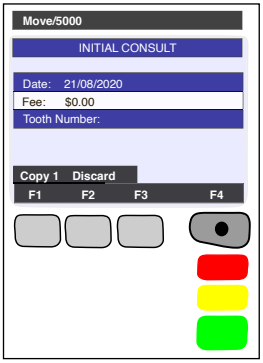


Answer the question by selecting one of the following:

- If you select [AD-HOC], HealthPoint adds the item to this claim, but not to your regular list of items. HealthPoint displays the AD-HOC SERVICE screen. Go to step 4(e).
- If you select [YES], HealthPoint adds the item both to this claim, and to your regular list of items. HealthPoint displays the NEW SERVICE screen. Go to step 4(e).

— If you select [NO], HealthPoint returns to the FIND ITEM screen. Press CANCEL to go back to the service list. Go to step 4(d).

After you have selected an item from the list, HealthPoint displays the ADD SERVICE screen, showing the details of the item you just selected.



4(e) To confirm your selection of this item (i.e. to add it to your claim), press [ENTER], and then go on to step 4(f).

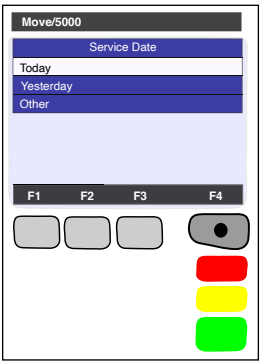
- Alternatively, perform one (or more) of the following actions: To discard this item, if you decide not to select it, select [DISCARD].
- HealthPoint returns to the item list screen. Go back to part 4(a) of this step.

— To copy the current item, select [COPY]. HealthPoint copies the item, as displayed on the screen, to your claim. It then displays the copy of the item on the screen as a new current item. You can now make changes to this new copy of the item, such as the body part. HealthPoint displays the number of copies made next to the COPY key.

— Go back to the top of this part 4(e) of this step.

— To adjust the date of service, select the DATE, Press ENTER

HealthPoint displays the SERVICE DATE screen



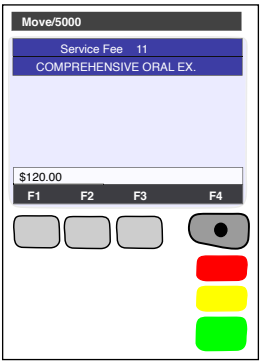
— If the date of service is more than a day ago, select 'OTHER', then enter the date as one big number in the format DDMMYYYY (day month year, with no spaces in between), then press ENTER.

Note: A claim cannot be made for a service to be delivered at a future date.

— Go back to the top of this part 4(e) of this step.

— To adjust the fee for this service, select FEE.

HealthPoint displays the SERVICE FEE screen.



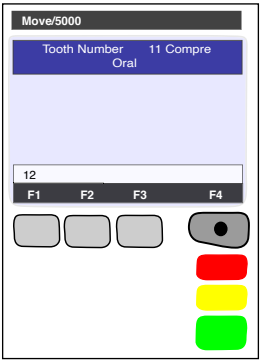
HealthPoint displays the fee stored in the item list. Enter the correct fee by typing over the fee displayed, and then press ENTER.

This does not change the "standard" fee on the item list, only for this instance for this patient. It is possible to select several copies of an item, each with a different fee.

Note: The fee entered must always be equal to the amount actually charged to the patient including discounted amounts.

— Go back to the top of this part 4(e) of this step.

— To adjust the Tooth Number (dentists only), select TOOTH NUMBER.



HealthPoint displays the TOOTH NUMBER screen.

Enter the two-digit ADA (Australian Dental Association) standard tooth number, and then press ENTER.

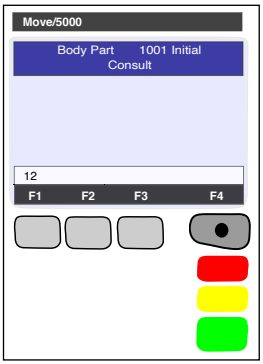
↳ Go back to the top of this part 4(e) of this step.

— To adjust the BODY PART (Physiotherapists only), select BODY PART.

— HealthPoint displays the BODY PART screen.

Enter the body part for this item, and then press ENTER

Go back to the top of this part 4(e) of this step.



After you have pressed ENTER, HealthPoint displays the SELECTION PATIENT screen.

This screen shows the items added to your claim.

4(f) To make the claim with the items displayed, press ENTER, then go on to step 5.

Alternatively, perform one (or more) of the following actions:

To add another item, select [ADD].

HealthPoint displays the SERVICES screen.

Go back to the top of this step (step 4a).

To remove an item from your selection, select the item. HealthPoint displays the ADJUST SERVICE screen. Select [DISCARD].

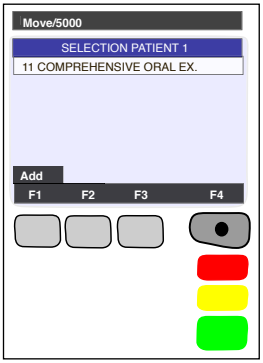
Go back to the top of 4(f).

To adjust an item (or review it), select the item.

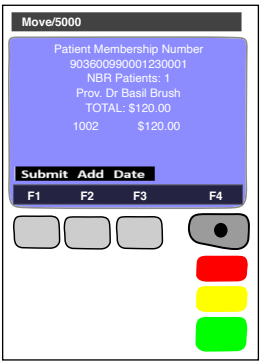
HealthPoint displays the ADJUST SERVICE screen.

Make any required adjustments (e.g. to fee, body part, tooth number, etc.) as described in part 4(e) of this step then press ENTER.

— Go back to the top of 4(f).



After you have pressed ENTER, HealthPoint displays the HEALTH FUND 'summary' screen.



5. To submit this Healthclaim to the appropriate health fund, select [SUBMIT]

   Alternatively, perform one (or more) of the following actions:

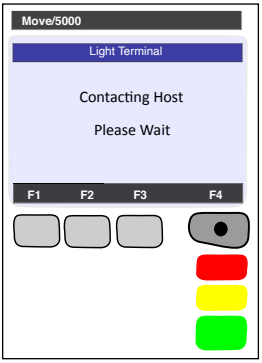
   To add another patient to this claim, select [ADD]

   To see more screens of items, select [F3 - down] or [F2 - Up]

   ↳ Go back to step 2 and follow through the steps again until you return to the HEALTH FUND "summary" screen. You don't have to select the practitioner again.

   Note; Any single claim may only include services performed by one practitioner. Services performed by a different practitioner must be included in a separate claim.

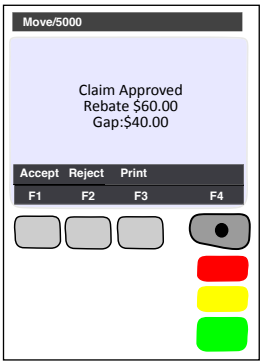
Once you have pressed SUBMIT, HealthPoint attempts to make a connection to the HealthPoint Health Message Centre.



HealthPoint displays a message on the screen, which indicates what it is currently doing. These messages include:

— CONTACTING HOST, PLEASE WAIT

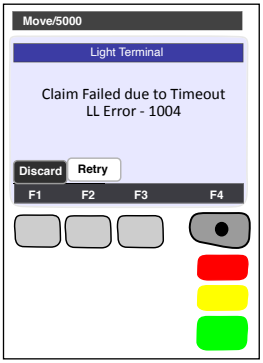
After HealthPoint has finished submitting the claim and receiving the health fund's response, it prints a copy of the claim receipt. HealthPoint prints an assessment, and then displays the HEALTH FUND "assessment" screen.



The printed assessment shows the health fund's responses to each item and to the claim as a whole.

A response of "00" or "0000" means the claim or item has been approved. Explanations of the other responses are detailed in Appendix A: Health Fund Responses.

If an error occurs during the claim submission, HealthPoint displays the HEALTH FUND "failed submission" screen.



Answer the question by selecting [DISCARD], or [RETRY].

If you select [RETRY], HealthPoint tries to send the claim again.

If you select [DISCARD], HealthPoint discards the claim completely, and then returns to the "swipe" screen.

Go to step 1.

Most errors that occur during a claim submission are one-offs. We recommend you try again (select [RETRY]).

If the error occurs again, call the HealthPoint HealthClaims Help Desk on 1300 301 692.

If the Health Fund has rejected the claim, see Health Fund Responses to HealthClaims for information on what to do next.

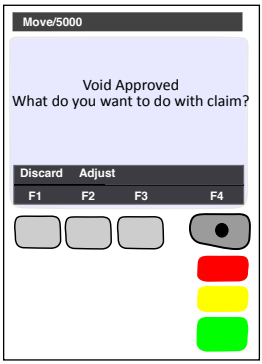
Advise the patient on the health fund's rebate of the claim and ask them if they accept it.

Have the patient sign the health fund assessment.

Verify the patient's signature.

File the patient-signed and verified assessment. Retain for two years.

You can answer HealthPoint's question by selecting [ACCEPT] or [REJECT]



If you select [ACCEPT],

Go to step 7.

If you select [REJECT],

HealthPoint attempts to make a connection to the HealthPoint Message Centre to send a claim rejection, in much the same way when you submitted the claim in step 5.

If an error occurs during the claim submission, HealthPoint displays the HEALTH FUND "failed submission" screen

Answer the question by selecting one of the following:

If you select [DISCARD], HealthPoint discards the rejection, and then returns to the "swipe" screen. If you select [RETRY], HealthPoint tries to REJECT the claim again.

This means the claim, which has gone through to the health fund, remains in force. To cancel it, see Cancelling a HealthClaim.

After HealthPoint has finished rejecting the claim and receiving the health fund's response, it prints a copy of the rejection receipt.

If the health fund does not accept the rejection, see Health Fund Responses to HealthClaims for information on what to do next.

If the health fund accepts the claim rejection, HealthPoint displays the VOID APPROVED screen.

Answer the question by selecting one of the following:

If you press [DISCARD], HealthPoint returns to the "swipe" screen.

Go to the end of the procedure.

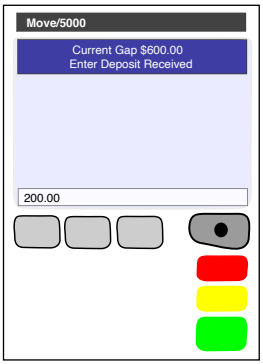
If you press [ADJUST], HealthPoint returns to the HEALTH FUND summary screen. Adjust (change) the claim and submit it again

Go to step 5

6. Once the claim has been submitted, HealthPoint displays the DEPOSITS RECEIVED screen.

   If you have already received monies from the patient, perhaps by way of a deposit or down payment, enter that amount, and then press ENTER.

   If there was no deposit paid, leave the amount as zero and press ENTER. HealthPoint adjusts the gap amount by the amount you just entered.



7. If there are monies owing (because the rebate did not cover the fees for the services rendered), HealthPoint displays the METHOD OF PAYMENT screen.

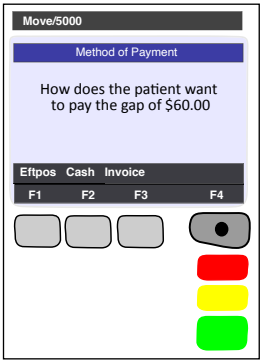
   Answer the question by selecting [EFTPOS], [CASH], [INVOICE]

   If you selected [EFTPOS], process the EFTPOS transaction according to the Suncorp's EFTPOS Merchant Facilities Quick Reference Guide. If your terminal is Multi Merchant, you may be required to select the Merchant for payment.

   * Please call the HealthPoint HealthClaims Help Desk on 1300 301 692 for assistance if you wish to map your Providers to the available Merchants. This will eliminate the requirement to select the Merchant at the time of payment.

   If you selected [CASH], HealthPoint will print receipts. HealthPoint will print receipts.

   If you selected [INVOICE], HealthPoint will print accounts. HealthPoint prints a receipt or account for the practice, and then displays the PRINT CONFIRMATION screen.



HealthPoint will print receipts.

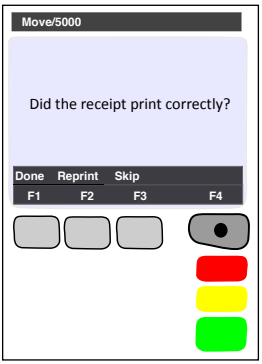
Wait for the receipt to print, then select [DONE]

Select [DONE] if the receipt is correct. Give the receipt to the patient.

Select [REPRINT] if the receipt did not print correctly.

— Give the receipt to the patient. HealthPoint returns to the “insert/swipe” screen

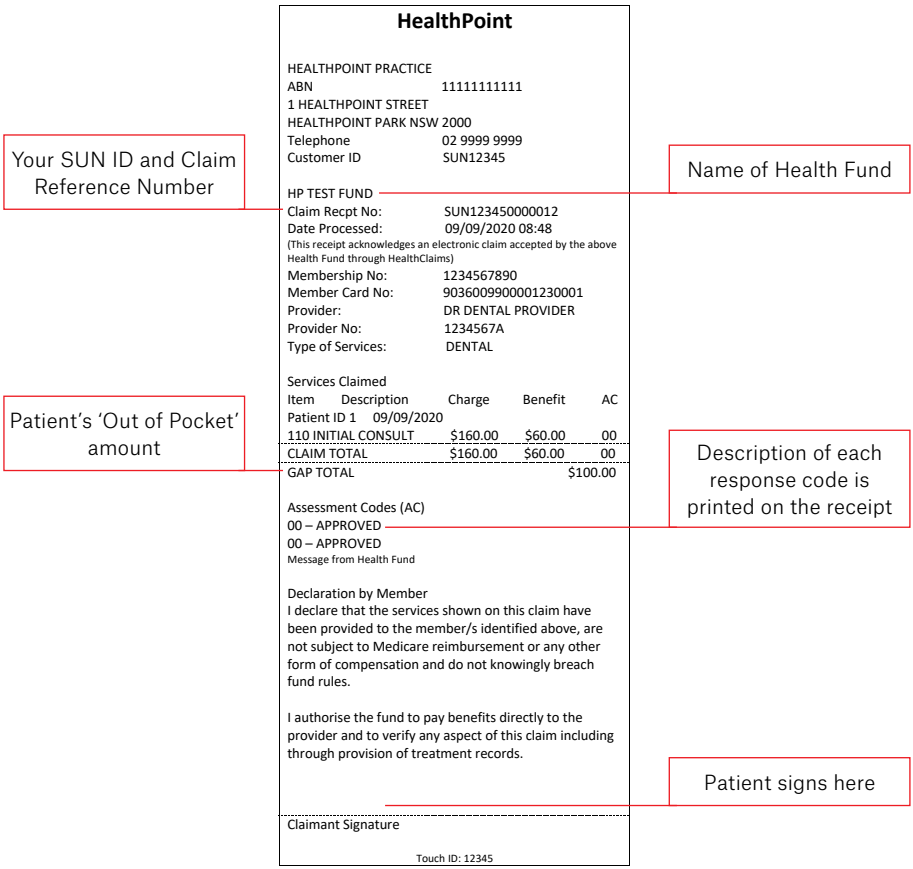
You have finished creating a HealthClaim.



10.2 About the HealthClaims Receipt

The HealthClaims Receipt is a paper record of the claim sent to the health fund via HealthPoint.

10.2.1 Terminal Printout (Example Only)



10.3 Cancelling a HealthPoint Claim

Use this procedure to cancel a HealthClaim you submitted and which the patient accepted earlier today.

Note: You need the patient's health fund card in order to cancel the claim. The health funds will only accept the cancelling of a claim on the same day it was submitted.

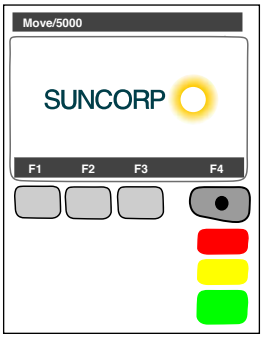
Note: The day ends at midnight Sydney Time, so claims submitted before midnight Sydney time cannot be cancelled after midnight Sydney time, irrespective of your local time zone. The health funds agreed operating hours mean that the HealthClaims service may not be available at this hour.

10.3.1. Detailed Description

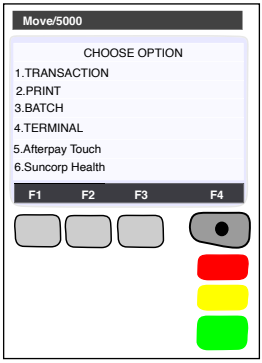
For a brief summary of this procedure, please refer to the Quick Reference Section.

➲ Start from the "swipe" screen.

1. Press the Menu button on the righthand side of the terminal below the screen



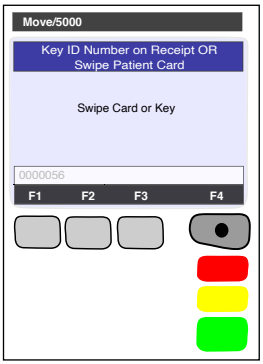
2. Key in the corresponding number for Suncorp Health
3. If you have set up an operator ID on your HealthPoint you will be prompted to enter the OPERATOR PASSWORD
4. Enter the OPERATOR PASSWORD – press ENTER



5. Select CANCEL CLAIM

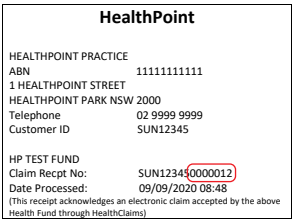
In order to cancel a claim, you must first find the claim.

HealthPoint will display the FIND CLAIM screen.



6. Perform one of the following actions to find a specific claim,

   Enter the claim receipt number, which you can find on the top of the printed copy of the claim, and press ENTER.



   You only need the second part of the number after the space.

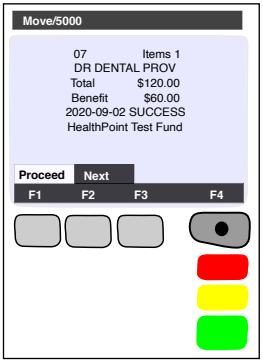
   Note: You do not need to key in all of the zeros at the front of the claim number. For example, to find claim 000020, you only need to key in 20.

   Or To find claim associated with a membership, Swipe the Health Fund Card used to claim with.

   HealthPoint will connect to the HealthPoint Claim server and find the claim for cancellation

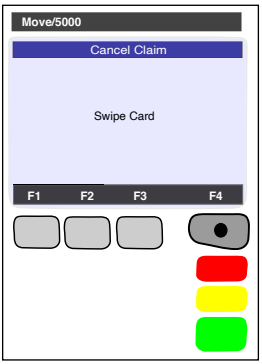
7. To cancel this HealthClaim with the appropriate health fund, select [PROCEED]

   If you have already swiped the patient's card to find the claim, no further card swipe is required.



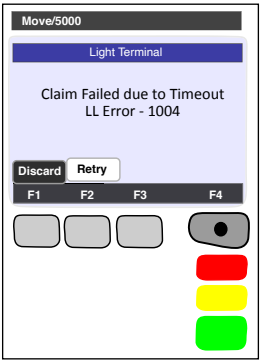
— If you have found the claim by entering the Claim ID, HealthPoint displays the CANCEL FUND CLAIM screen and prompts you to swipe the patient's card.

Note: If the patient is no longer at your practice and you do not have their card, you CANNOT cancel the claim. The health funds only permit cancellation if you use the health fund's card in the presence of the patient on the same day that the claim was submitted. The day finishes at midnight Sydney time.



HealthPoint attempts to make a connection to the HealthPoint Message Centre.

If an error occurs during the claim submission, HealthPoint displays the HEALTH FUND "failed submission" screen.



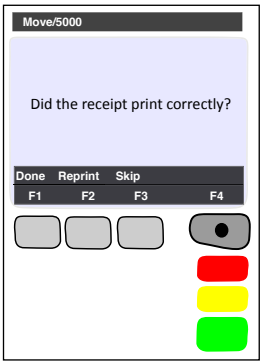
Answer the question by selecting one of the following:

If you select [RETRY], HealthPoint tries again to cancel the claim.

If you select [DISCARD], HealthPoint discards the attempt to cancel the claim, and then returns to REVIEW CLAIM screen.

Go to step 8.

After HealthPoint has finished cancelling the claim and receiving the health fund's response, it prints a copy of the cancelled claim receipt, then displays the PRINT CONFIRMATION screen.



The receipt shows the health fund's responses to the cancellation. A response of "00" means the cancellation has been accepted and approved.

Explanations of the other responses are detailed in the Cancellation and Rejection Responses section of Appendix A: Health Fund Responses.

8. Select [DONE], if the receipt is correct. Select [NO REPRINT] if it has printed incorrectly.

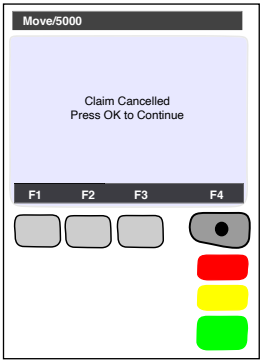
   Have the patient sign the cancellation receipt.

   Verify the patient's signature. File the patient-signed and verified cancellation receipt. Retain for two years

   HealthPoint prints a second copy of the cancelled receipt or account for the patient, and then displays the PRINT CONFIRMATION screen again.

9. If the second copy of the receipt has printed successfully, then select [DONE].

   HealthPoint displays the CLAIM CANCELLED screen.



10. Press [ENTER] to return to the HealthPoint menu
11. Press [CANCEL] to return to the idle menu

    You have finished cancelling a HealthClaim!

10.4 Printing a HealthPoint Reconciliation Report

Use this procedure to print the daily HealthClaims Reconciliation Report.

Reconciliation for a day's claims will be made available the following day. This is by design to ensure that the Reconciliation Report for a day covers the entire day's claims.

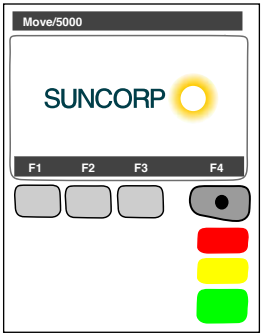
We recommend this report is printed to support reconciliation of the prior days claims.

10.4.1 Detailed Description

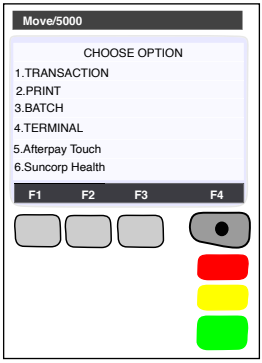
For a brief summary of this procedure, please refer to the Quick Reference Section.

➲ Start from the "swipe" screen.

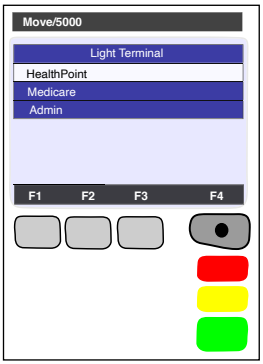
1. Press the Menu button on the righthand side of the terminal below the screen



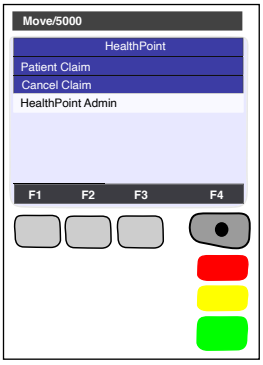
2. Key in the corresponding number for Suncorp Health
3. Enter the OPERATOR PASSWORD



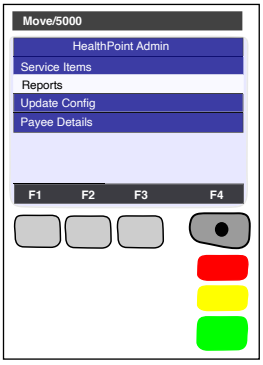
4. Select HEALTHPOINT



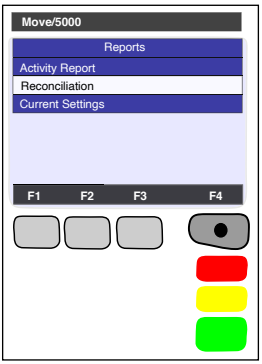
5. HealthPoint displays the HEALTHPOINT screen. Select HEALTHPOINT ADMIN



6. HealthPoint displays the HEALTHPOINT ADMIN screen. Select REPORTS



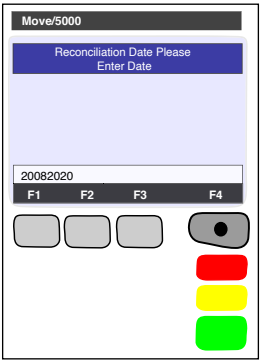
7. Select RECONCILIATION



8. HEALTHPOINT will prompt you for the Reconciliation Date

   This should be entered as DDMMYYYY (day month year, with no spaces in between), then press ENTER.

   — HealthPoint submits a request for the Reconciliation report from the HealthPoint Message Centre, and then prints the reconciliation report, then displays the PRINT CONFIRMATION screen.



9. Select [DONE] to confirm the report printed

   — If a reprint is required, select [REPREINT].

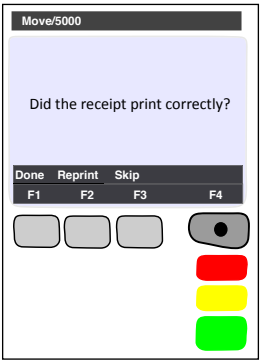
   — If the print was not successful, but a reprint is not required, select [SKIP].

   If the print was successful, select [DONE]

   Press CANCEL to return to the swipe screen

   HealthPoint returns to the swipe screen

   You have successfully printed the HealthClaims Reconciliation Report.



10.4.2 About the Healthclaims Reconciliation Report

HealthClaims Reconciliation report is HealthPoint's record of the claims sent through to each health fund during a particular day. Each practitioner is shown in a separate section. The Reconciliation report for a days claims is available the following day.

10.4.3 Terminal Printout (Example Only)

HealthPoint

Reconciliation Report

HEALTHPOINT PRACTICE
ABN 11111111111
1 HEALTHPOINT STREET
HEALTHPOINT PARK NSW 2000
Telephone 02 9999 9999
Customer ID SUN12345

Date of Claims: 09/09/2020
Period Covered: 00:00 – 23:59

Claims by Provider

Receipt	Charge	Benefit	Gap	Code
Provider: DR DENTAL PROVIDER Type: DENTIST				
Fund: HP Test Fund				
0000014	$100.00	$40.00	$60.00	00
0000015	$60.00	$20.00	$40.00	00
	-$60.00	-$20.00	*CANCELLED*	
0000018	$260.00	$200.00	$60.00	00
Fund Total	$360.00	$240.00	$120.00	
Total	$360.00	$240.00	$120.00	
Provider: DR PHYSIO PROVIDER Type: PHYSIOTHERAPIST				
Fund: HP Test Fund				
0000016	$100.00	$40.00	$60.00	00
0000017	$60.00	$60.00	$00.00	00
0000019	$80.00	$60.00	$20.00	00
	-$80.00	-$60.00	*VOIDED*	
0000020	$80.00	$00.00	$80.00	12
0000021	$60.00		*AVOID*	
Fund Total	$240.00	$90.00	$140.00	
Total	$240.00	$90.00	$140.00	
TOTAL FEES	$600.00	$330.00	$260.00	
TOTAL REBATE		$330.00		

Summary of Claims

	Number	Amount
Accepted by Fund	4	$330.00
Rejected by Fund	1	$00.00
Total Submitted	8	$800.00
Claims Voided	1	$60.00
Claims Cancelled	1	$20.00

(Check against the Activity Report)

END OF REPORT

Touch Txn ID 12345

10.4.4 Reconciliation Report Definitions

Reconciliation Report Terms	Definition
Customer ID	HealthPoint ID. Should you need to contact the HealthPoint Support team you will need this for identification.
Date of Claims	The date the claims were processed on.
Period Covered	The time period on the claiming date this Reconciliation Report covers.
Receipt	The HealthPoint claim receipt number
Charge	The practice charge for the HealthPoint claim
Benefit	The benefit (rebate) amount the Health Fund responded with.
Gap	The difference between the Charge and the Benefit. Represents the patients out of pocket cost for the services provided.
Code	The Health Fund response or assessment code for the HealthPoint claim.
Fund Total	The total* for each column for 'this' provider for 'this' fund.
Total	The total* for each column for 'this' provider for all fund claims processed during the claiming day.
Total Fees	The total* Fees for each column for all providers, all fund claims processed during the claiming day
Total Rebate	The total* Rebate (benefit) amount for all providers, all fund claims processed during the claiming day.
Accepted by Fund	The total* Rebate (benefit) amount for all providers, all fund claims processed during the claiming day.
Rejected by Fund	Any claim that has been responded to with an assessment code** (Code) other than 00 or 32. The example claim for this is Receipt 0000020 which has a Code of 12 on the report.
Total Submitted	The total number of claims submitted. Includes claims that have been Autovoided Cancelled, Voided.
Claims Voided	Any claim response that has been Voided (Rejected) by the User for Rebate Estimate (Quote) purposes.
Claims Cancelled	Any claim that has been cancelled by the User on the day of the original claim.
Avoid	Any claim where the claim attempt was unsuccessful and therefore 'automatically' Autovoided by HealthPoint.

*Cancelled, Autovoided or Voided claims are excluded from this calculation.
**Please refer to Appendix A for a comprehensive list of Health Fund Response Assessment Codes and the definitions.

10.5 Retrieving (and Printing) HealthPoint Activity Reports

Use this procedure to retrieve any reports waiting for you (e.g. HealthClaims Activity Reports) at the HealthPoint Message Centre.

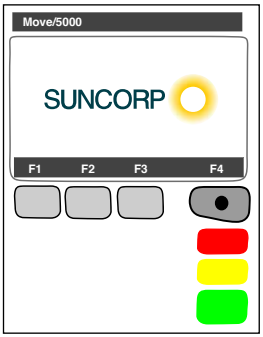
You may retrieve reports at any time. If there are no reports waiting for you to retrieve, there is no harm done.

10.5.1 Detailed Description

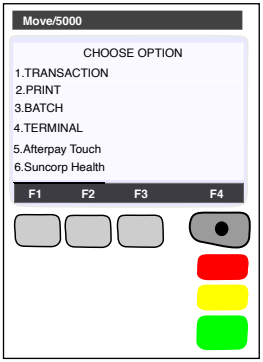
For a brief summary of this procedure, please refer to the Quick Reference Section.

➲ Start from the “swipe” screen.

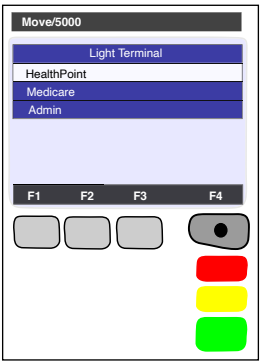
1. Press the Menu button on the righthand side of the terminal below the screen



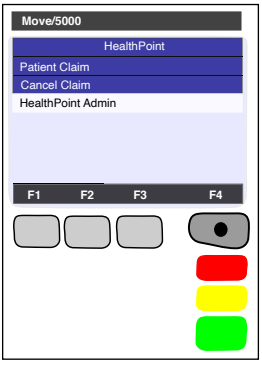
2. Key in the corresponding number for Suncorp Health
3. Enter the OPERATOR PASSWORD



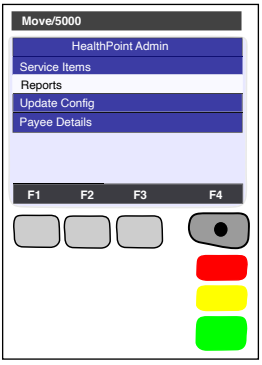
4. Select HEALTHPOINT



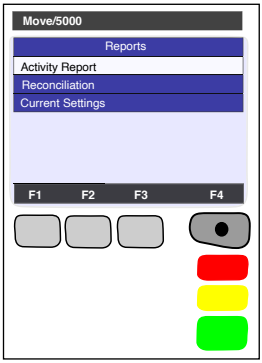
5. HealthPoint displays the HEALTHPOINT screen. Select HEALTHPOINT ADMIN



6. HealthPoint displays the HEALTHPOINT ADMIN screen. Select REPORTS



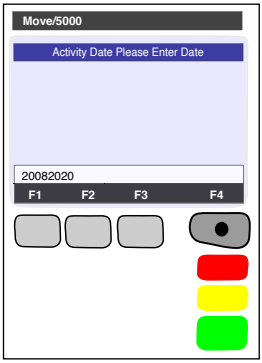
7. Select ACTIVITY REPORT



8. HEALTHPOINT will prompt you for the Activity Date

   This should be entered as DDMMYYYY (day month year, with no spaces in between), then press ENTER.

   — HealthPoint submits a request for the Activity report from the HealthPoint Message Centre, and then prints the activity report, then displays the PRINT CONFIRMATION screen.



9. Select [DONE] to confirm the report printed

   If a reprint is required, select [REPRINT].

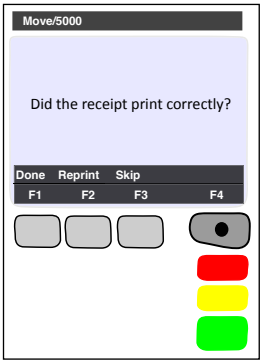
   If the print was not successful, but a reprint is not required, select [SKIP].

   If the print was successful, select [DONE]

   HealthPoint returns to the swipe screen

   Press CANCEL to return to the swipe screen

   You have successfully printed the HealthClaims Activity Report.



10.5.2 About the Activity Report

The HealthClaims Activity Report shows totals for the claims, voids (rejections), and cancellations made during a particular day. The Activity Report for a day's claims will be made available the following day. This is by design to ensure that the Activity Report for a day covers the entire day's claims.

We recommend this report is printed to support reconciliation of the prior days claims.

10.5.3 Terminal Printout (Example Only)

HealthPoint

Activity Report

HEALTHPOINT PRACTICE
ABN 11111111111
1 HEALTHPOINT STREET
HEALTHPOINT PARK NSW 2000
Telephone 02 9999 9999
Customer ID SUN12345

Date of Transactions 09/09/2020
Benefit Totals

	Number	Amount
Total Submitted	7	$740.00
Claims Voided	1	$60.00
Claims Cancelled	1	$20.00

(Check against the Reconciliation Report)

END OF REPORT
Touch Txn ID 12345

10.5.4 Activity Report Definitions

Activity Report Terms	Definition
Total Submitted	The total number of claims submitted. Includes claims that have been Cancelled or Voided. *Does not include claims detailed as AVOID on the corresponding Reconciliation Report.*
Claims Voided	Any claim response that has been Voided (Rejected) by the User for Rebate Estimate (Quote) purposes.
Claims Cancelled	Any claim that has been cancelled by the User on the day of the original claim.

10.6 Changing the Practitioner List

Occasionally you may need to modify the list of practitioners stored by HealthPoint, perhaps because a locum is visiting your practice. To update the Practitioners on your terminal, you will need to contact the HealthPoint Helpdesk on 1300 301 692.

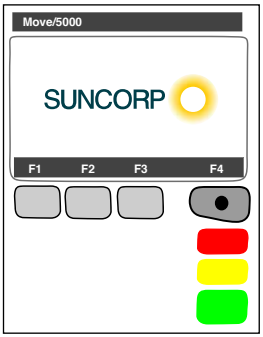
Once HealthPoint have registered your new practitioner in the System, you will be able to download an update to your terminal.

10.6.1 Detailed Description

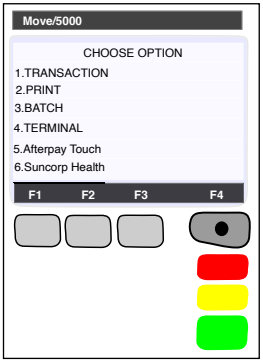
For a brief summary of this procedure, please refer to the Quick Reference Section.

➲ Start from the “swipe” screen.

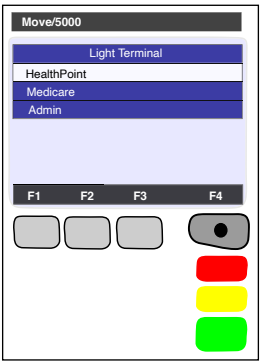
1. Press the Menu button on the righthand side of the terminal below the screen



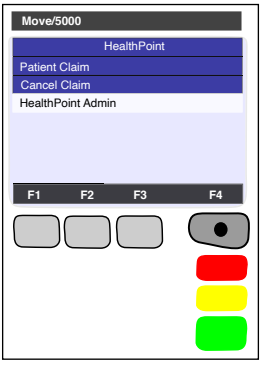
2. Key in the corresponding number for Suncorp Health
3. Enter the OPERATOR PASSWORD



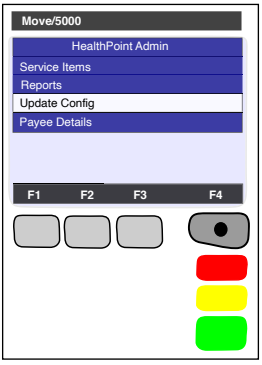
4. Select HEALTHPOINT



5. HealthPoint displays the HEALTHPOINT screen. Select HEALTHPOINT ADMIN

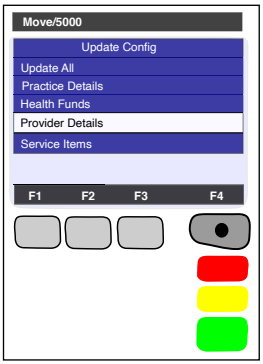


6. HealthPoint displays the HEALTHPOINT ADMIN screen. Select UPDATE CONFIG



7. HealthPoint displays the UPDATE CONFIG screen.
8. Select PROVIDER DETAILS. HealthPoint will retrieve all available provider updates and will print the applied changes. You will be prompted to confirm the updates have printed correctly. Select [DONE].

   You have successfully updated the Practitioners on your HealthPoint Terminal.



10.7 Changing the Item List

Occasionally you may need to modify the list of service items stored by HealthPoint, perhaps because you have added a service to those performed in your practice, or to adjust your fee structure.

Use this procedure to maintain the list of items.

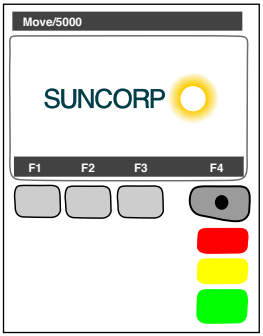
Use this procedure to edit your ancillary item codes only, edit your MBS item codes for Medicare claiming according to the instructions in the Suncorp Medicare Easyclaim User Guide.

10.7.1 Detailed Description

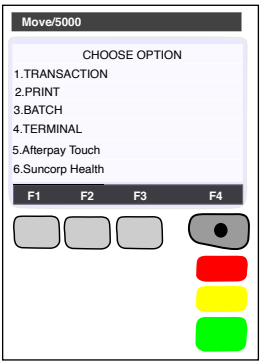
For a brief summary of this procedure, please refer to the Quick Reference Section.

➲ Start from the “swipe” screen.

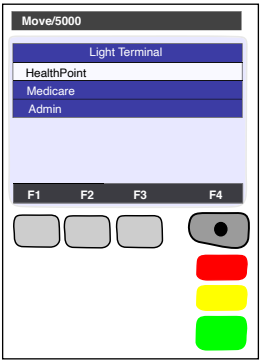
1. Press the Menu button on the righthand side of the terminal below the screen



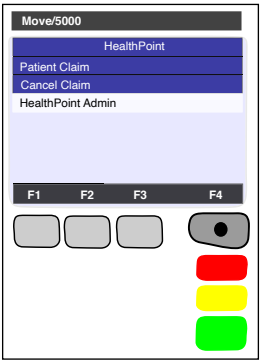
2. Key in the corresponding number for Suncorp Health
3. Enter the OPERATOR PASSWORD



4. Select HEALTHPOINT

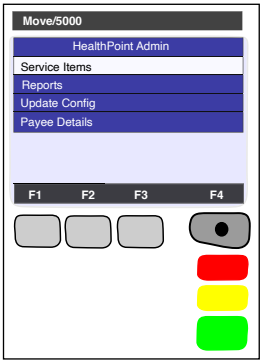


5. HealthPoint displays the HEALTHPOINT screen. Select HEALTHPOINT ADMIN



6. Select SERVICE ITEMS. HealthPoint displays the SERVICE TYPE screen.

   This list of service types will depend on the service types you have activated on your terminal.

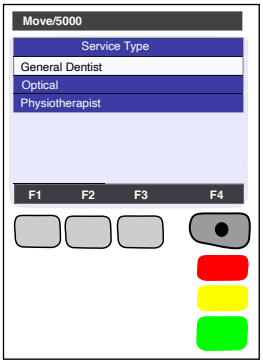


7. Select the service type from the item list you want to modify.

   Note: The terminal will show the Modalities configured on your terminal.

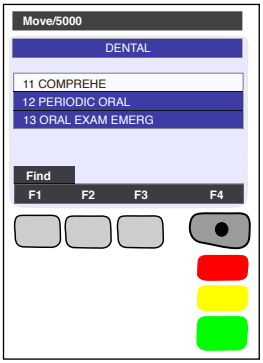
   For example: OPTICAL, DENTAL, etc.

   Note: For some service types, this screen shows more options.

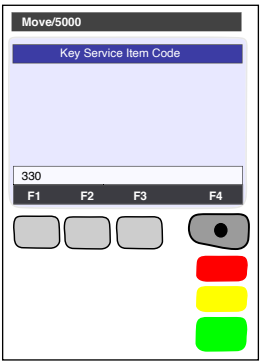


   — HealthPoint will retrieve a list of items known to the terminal.

8. Perform one (or more) of the following actions:
   — To see more screens of items, use F2 (Up) or F3 (Down) keys or select [FIND] (to add an item to the end of the list):
   — Select [FIND]. HealthPoint displays the FIND ITEM screen.

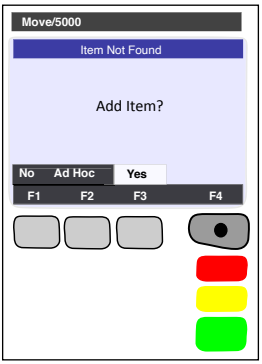


(a) Enter the item you wish to add, Press ENTER



HealthPoint searches the existing list of item numbers. If the new item is not on the list, HealthPoint displays the ITEM NOT FOUND screen.

(b) Select [YES]. HealthPoint displays the EDIT SERVICE screen.



(c) Edit the item details, as described under Editing Item Details.

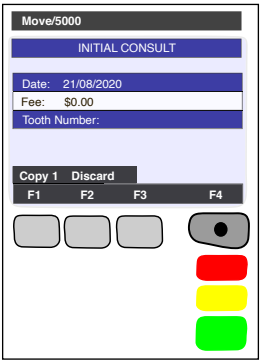
— To edit an item already on the list (e.g. to change the standard fee)

(a) Select the item to edit from the list, or by selecting [FIND] key.

HealthPoint displays the DISPLAY SERVICE screen, showing the item's current details.

(b) Select the field you wish to edit.

(c) Edit the item details, as described under Editing Item Details.



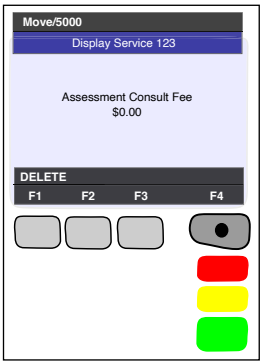
To delete an item, (e.g. because you don't perform that service):

(a) Select the item to edit from the list, or using the [FIND] key.

(b) Press the MENU button to toggle between screens, select [DELETE].

(c) Press ENTER to confirm you want to delete the item. HealthPoint deletes the item from the list.

You have modified the item list.

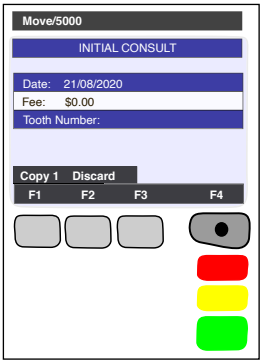


10.7.2 Editing Item Details

This section describes the details you may modify when adding or editing a HealthClaims ancillary item.

Note: MBS items require additional data and are described in the Medical Services User Guide.

Start from the EDIT SERVICE screen. To access this screen find the item you wish to modify and select it.

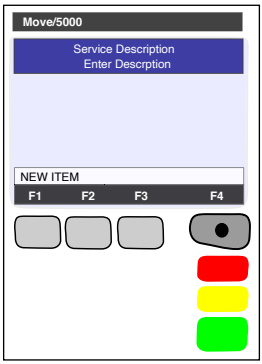


1. Perform one of the following actions:

   — To edit the item name, select Item Description, press [ENTER]. HealthPoint displays the SERVICE DESCRIPTION screen.

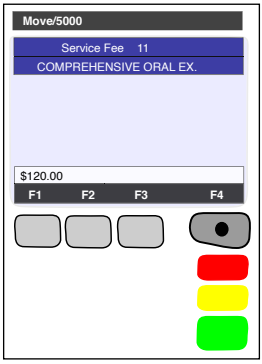
   Enter the item's name and then press ENTER. HealthPoint displays this item name on the services item selection screen and on the claim receipts.

   To enter letters, press the key labeled with the letter one or more times, according to the letter's position. For example, the 2 key is labeled "ABC". Hold down the key until the chosen letter appears.



   To edit the fee, select FEE

   HealthPoint displays the SERVICE FEE screen.



2. Enter the fee for the service, then press ENTER.

   HealthPoint allows you to edit this fee as you process the claim. For example, some practices offer concession rates for some patients. You would have to edit the fee when creating the claim.

3. Select [OK] then press [NEXT] to save the changes you have just made.
4. Select [DONE] to confirm.

   HealthPoint returns to the DISPLAY SERVICE screen.

   Go back to the procedure you were following.

   You have edited the item details.

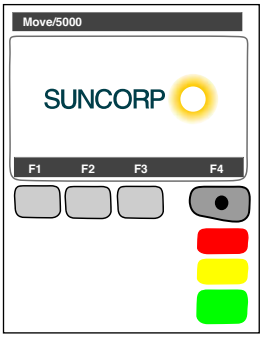
10.8 Changing the Practice Details

HealthPoint prints your practice's name, address, and phone number at the top of all HealthClaims receipts. To change the information displayed on your HealthPoint receipts, call the HealthPoint helpdesk on 1300 301 692 and your updated details will be recorded and sent to the terminal for retrieval.

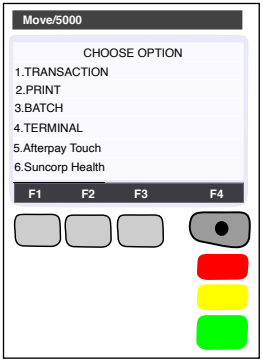
10.8.1 Detailed Description

➲ Start from the "swipe" screen.

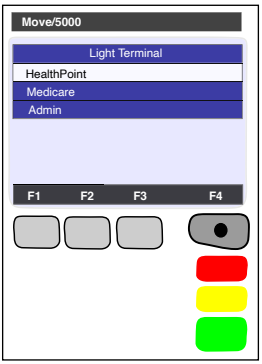
1. Press the Menu button on the righthand side of the terminal below the screen



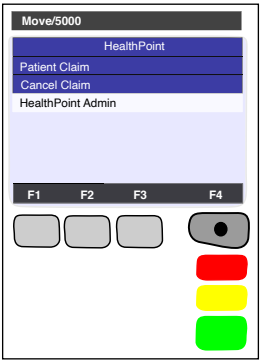
2. Key in the corresponding number for Suncorp Health
3. Enter the OPERATOR PASSWORD – Press ENTER



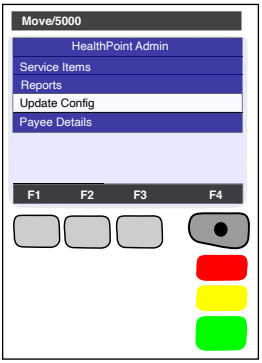
4. Select HEALTHPOINT



5. HealthPoint displays the HEALTHPOINT screen. Select HEALTHPOINT ADMIN



6. HealthPoint displays the HEALTHPOINT ADMIN screen. Select UPDATE CONFIG



7. HealthPoint displays the UPDATE CONFIG screen.
8. Select Practice Details.

   HealthPoint will retrieve all PRACTICE DETAIL updates and apply them to the terminal.

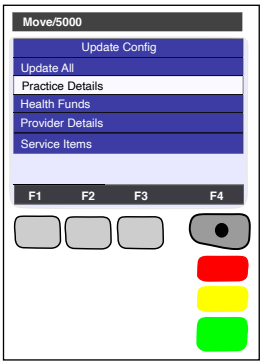
   The Terminal will print all updated details

   Select [DONE] to confirm.

   HealthPoint returns to the Update Config menu

   Press CANCEL to return to the swipe screen

   You have edited the Practice details.



11. Frequently Asked Questions

Q: Can the information that I am transmitting be accessed by anyone?

A: No, the information within the messages cannot be accessed; it is encrypted at several stages of the network.

Q: If I turn the HealthPoint off, will I lose the information in it?

A: No, the HealthPoint has a battery in it that will hold the information.

Q: What should I do if my screen freezes?

A: Simply reboot by powering the terminal off and on again at the wall, you will not lose any stored information. If that is unsuccessful you should then contact the HealthPoint helpdesk.

Q: How do I unplug the HealthPoint?

A: Always turn the power off to the HealthPoint before you unplug any connections. For assistance with the HealthPoint, call the HealthPoint helpdesk on 1300 301 692.

Q: I have run out of paper, where do I get some more?

A: From the "swipe" screen, Type in 86 and press ENTER Type in your password and press ENTER.

Type in the number of rolls required in multiples of 10 and press ENTER. (Alternatively, stationery can be ordered from www.suncorpbank.com.au/stationery

Q: How often should I retrieve reports?

A: HealthPoint holds an electronic mailbox for you, which holds all of your reports from the Health Funds and HealthPoint. If you submit claims frequently then you should also retrieve reports from your mailbox frequently (e.g. If you submit daily, you should also retrieve daily).

For practices submitting claims less frequently, we recommend that this mailbox is accessed at least once a week to avoid any communications error messages, and to ensure that you receive any HealthPoint network bulletins or software change notifications.

Q: How do I clean the HealthPoint?

A: Do not clean with a damp cloth or water. Use a lint free cloth and a cleaning fluid specifically for cleaning computers.

11.1 Questions Regarding Claims to Health Funds

Q: Can you cancel or reverse a claim?

A: Yes, you can cancel a claim on the same day it has been submitted to the fund, provided the patient is present and has their Health Fund card. If you need to cancel a claim on a later day, you should call the Health Fund in question.

12. Appendix A: Health Fund Responses

The health funds provide a response for each claim and each item of a claim. Any response except "00" means the claim or item has been rejected by the Health Fund.

Likewise, the health funds provide a response to rejections and cancellations made by the patient. Unless otherwise indicated any response except "00" means the cancellation or rejection has not been processed, and the claim will stand.

Look up the response code in the tables in the following sections. Note: Not all health funds use all of the responses listed in this table.

12.1 Claim Responses

For each claim you submit with HealthPoint, the health fund sends a response, which HealthPoint displays and prints on the claim receipt.

All responses except "00 - APPROVED" mean the claim has been rejected or revised.

In general, if the health fund rejects the claim, the patient should settle their account in the usual manner and make a regular paper based claim with their health fund.

If the response is not in the following table, please contact the relevant health fund for an explanation.

00 APPROVED

The health fund has approved this claim.

01 PROVIDER NOT APPROVED

The health fund has not approved the provider who performed the services for electronic claiming.

Check the provider number in HealthPoint's practitioner table is correct. If it is, contact the health fund to clarify this practitioner's status.

Some health funds (e.g. Medibank Private) will only permit providers to submit claims for items within their own modality (e.g. Physiotherapists may not be able to make claims using Chiropractic codes). Claims containing items from a modality other than the providers will get this response. Check the practitioner's modality with the health fund.

02 CONTACT FUND

Please contact the patients Health Fund for additional information.

03 INVALID PROVIDER NO

The provider number supplied is not valid.

HealthPoint should have trapped this error before submitting the claim, so please report this to the HealthPoint HealthClaims Help Desk immediately.

04 PLEASE RETAIN CARD

The health fund has asked you to retain the patient's card, if possible. Call the relevant health fund for information on what to do next.

10 REFER CLAIM TO FUND

The health fund has requested that this claim be referred to them for manual assessment. Call the relevant health fund for information on what to do next.

12 TRANSACTION DECLINED

The health fund has not approved the transaction. It has not given a specific reason. Call the relevant health fund for information on what to do next.

14 CARD NO IS NOT VALID

The health fund does not recognise the card you swiped.

Discard the claim, re-enter the claim, and re-submit it. If you get this message again, advise the patient to contact their fund and arrange for a new card.

15 ITEMS NOT ACCEPTED

The items in this claim are not accepted by this Fund. Please contact the Fund.

19 NO ITEMS ENTERED

No service items were entered for this claim.

HealthPoint should have trapped this error before submitting the claim, so please report this to the HealthPoint HealthClaims Help Desk immediately.

21 CONTACT HELP DESK

The system has taken no action for this claim. Please contact the HealthPoint HealthClaims Help Desk.

30 SYSTEM DATA ERROR

This is a serious error, so please report it to the HealthPoint HealthClaims Help Desk immediately.

32 COMPLETED PARTIALLY

Only part of the claim has been processed.

The action required will depend on which part of the claim has been processed. Contact the HealthPoint HealthClaims Help Desk for advice on how to proceed.

40 MEMBERSHIP NOT COVERED

The patient's fund membership does not cover the services provided. Advise the patient to check their cover with their health fund.

42 MEMBERSHIP CEASED/SUSP

The patient's fund membership has either ceased or been suspended. Advise the patient to check with their health fund.

51 MEMBERSHIP UNFINANCIAL

The patient's health fund membership has not been paid. Advise the patient to check with their health fund.

54 CARD HAS EXPIRED

The patient's health fund card has expired.

You must have a valid card to claim via HealthPoint. Advise the patient to contact their fund and arrange for a new card.

56 INVALID MEMBERSHIP NO

The health fund does not recognise the card you swiped.

Discard the claim, re-enter the claim, and re-submit it. If you get this message again, advise the patient to contact their fund and arrange for a new card.

57 NO ANCILLARY COVER

The patient does not have ancillary cover. Advise the patient to check their cover with their health fund.

58 TRANS NOT PERMITTED

The system cannot process this transaction. Please contact the HealthPoint HealthClaims Help Desk.

60 PROVIDER NOT KNOWN BY FUND

The health fund does not recognise this provider.

Check the provider number in HealthPoint's practitioner table is correct. If it is, call the HealthPoint HealthClaims Help Desk and ask them to check the practitioner has been registered with the relevant health fund.

61 BENEFIT LIMIT EXCEEDED

The patient's benefit limit has been exceeded for the period specified in their policy. Advise the patient to check their cover and the relevant limits with the health fund.

69 NO BENEFIT PAYABLE

No benefit is payable on this claim. Advise the patient to check their cover with the health fund.

80 PAYMENT REQUIRED BY EMPLOYER

Payment for this claim should be referred to the patients employer.

83 TOO MANY PATIENTS

Too many patients for this claim. Please reduce the number.

84 REQUIRES MANUAL INVOICE

Fund to be invoiced manually.

91 SYSTEM BUSY-TRY AGAIN

The system cannot process your claim at the moment.

Wait a few seconds and retry by pressing the RETRY key. Should this condition persist, please call the HealthPoint HealthClaims Help Desk.

92 SYSTEM UNAVAILABLE

The system is temporarily unavailable.

Call the HealthPoint HealthClaims Help Desk, who can investigate why the system is currently unavailable.

93 SYSTEM PROBLEM

The system is experiencing a problem.

Call the HealthPoint HealthClaims Help Desk, who can investigate what is going on.

94 DUPLICATE TRANSACTION

The system is reporting that this transmission has been submitted more than once. HealthPoint should not have attempted this, so please report this to the HealthPoint HealthClaims Help Desk immediately.

12.2 Item Responses

Each claim is made up of one or more service items. When the claim is submitted, the health fund sends a response for each individual item (in addition to the response for the claim as a whole). HealthPoint prints these responses next to the item on the claim receipt.

Unless otherwise indicated, all responses except "00 - APPROVED" mean the item has been rejected.

If the response is not in the following table, please contact the relevant health fund for an explanation.

00 APPROVED

The health fund has approved this item.

01 BENEFIT NOT PAYABLE

According to the rules for this health fund, no benefit is payable on this item.

02 RESTRICTED ITEM

The rebate for this item is restricted by the patient's policy, and consequently no benefit is payable for this item.

03 RESTRICTED ITEM

The rebate for this item is restricted by the patient's policy, and consequently only a reduced benefit is payable for this item.

04 PREVIOUSLY PAID

A benefit has already been paid for this item. Advise the patient to check their cover with the health fund.

05 BENEFIT LIMIT REACHED

The patient's benefit limit for this item has been exceeded for the period specified in their policy, so no benefit has been paid. Advise the patient to check their cover and the relevant limits with the health fund.

06 BENEFIT LIMIT REACHED

The patient's benefit limit for this item has been exceeded for the period specified in their policy, so a reduced benefit has been paid. Advise the patient to check their cover and the relevant limits with the health fund.

07 WITHIN WAITING PERIOD

The patient does not qualify for this item because they have not completed the waiting period specified in their policy. Advise the patient to check their cover and the relevant waiting periods with the health fund.

08 PREREQ SRVCE REQUIRED

A pre-requisite service is required before benefits are payable on this item. Advise the patient to check with the health fund as to what is required to qualify for benefits on this particular item.

09 PRE-EXISTING CONDITION

No benefit is payable as this item applies to a pre-existing condition. Advise the patient to check with their health fund as to what benefit restrictions apply for treatment of their ailment.

10 ITEM NO. IS NOT VALID

The health fund does not recognise this item number. You may not have an up-to-date list of the current items. If this is the case, please call the HealthPoint HealthClaims Help Desk and arrange for an up-to-date list to be sent to your Health Message Centre mail box.

11 ITEM NO. CEASED USE

This item number is no longer in use as of the date the service was performed.

You may not have an up-to-date list of the current items. If this is the case, please call the HealthPoint HealthClaims Help Desk and arrange for an up-to-date list to be sent to your Health Message Centre mail box.

12 ITEM NOT FOR PROVIDER

The health fund will not pay benefits for this item when performed by this practitioner.

Check with the health fund as to the status of the practitioner and what services the health fund will accept when performed by them.

13 ITEM NO. NOT APPROVED

The health fund does not approve this item - no benefits have been paid.

Check the item number is correct. If it is, contact the health fund for clarification.

14 ITEM MAX USE EXCEEDED

The health fund imposes a limit on the number of times this item may be used within a particular period, and this limit has been exceeded for this patient. Advise the patient to check with their health fund as to any restrictions it imposes on this item.

15 SERVICE FEE MISSING

The health fund will not approve payment for this item unless you supply the service fee charged for this item. When you select an item, HealthPoint includes a standard fee which you can modify. Do not set this value to zero for this item.

Modify the claim, and include the service fee.

16 SERVCE DATE NOT VALID

The service date supplied for this item is in the future.

HealthPoint does not allow dates in the future to be entered, so please check the date and time on HealthPoint are correct.

17 SERVICE DATE TOO OLD

The date of service for this item is too far in the past.

Check the date and time on HealthPoint are correct. If it is, advise the patient to make a manual claim to their health fund.

18 BODY PART IS REQUIRED

The health fund will not approve payment for this item unless you identify the body part to which the item applies.

Modify the claim and identify the body part.

19 PATIENT NOT COVERED

The patient was not covered for this type of service as at the date the service was performed. Advise the patient to check their cover with their health fund.

20 NO DEPENDENT STATUS

The patient is no longer covered as their dependent status on the policy holder ceased as at the date the service was performed. Advise the patient to check their cover with their health fund.

21 INVALID PATIENT NO

The patient reference number for the patient to whom this service was provided is not correct.

Check the patient number on the health fund card. For some fund cards, the first patient on the card is number 0. Correct the claim accordingly and re-submit it.

22 MEMBERSHP NOT COVERED

The patient's fund membership does not cover the services provided as at the date the service was performed. Advise the patient to check their cover with their health fund.

23 MEMBERSHP CEASED/SUSP

The patient's fund membership has either ceased or been suspended as at the date the service was performed. Advise the patient to check with their health fund.

24 MEMBERSHP UNFINANCIAL

The patient's health fund membership has not been paid as at the date the service was performed. Advise the patient to check with their health fund.

25 NO ANCILLARY COVER

The patient did not have ancillary cover as at the date the service was performed. Advise the patient to check their cover with their health fund.

26 ITEM NOT COVERED

The patient was not covered for this particular item as at the date the service was performed. Advise the patient to check their cover with their health fund.

27 POSSIBLE DUPLICATE

Check with the health fund.

28 EXCESS APPLIED

No benefit has been paid for this item because an excess applies. Advise the patient to check with their health fund.

29 EXCESS APPLIED

A reduced benefit has been paid because an excess applies. Advise the patient to check with their health fund.

30 QUOTATION REQUIRED

No benefit has been paid because a quotation must be supplied to the health fund prior to this item being claimed. Advise the patient to check with their health fund.

31 QUOTATION REQUIRED

A reduced benefit has been paid because a quotation should be supplied to the health fund prior to this item being claimed. Advise the patient to check with their health fund.

32 EXCEEDS QUOTATION

No benefit has been paid because the fee for this item exceeds the quotation given. Advise the patient to check with their health fund.

33 EXCEEDS QUOTATION

A reduced benefit has been paid because the fee for this item exceeds the quotation given. Advise the patient to check with their health fund.

34 AGE RESTICTION

No benefit has been paid because the health fund applies an age restriction to this item. Advise the patient to check with their health fund.

35 AGE RESTRICTION

A reduced benefit has been paid because the health fund applies an age restriction to this item. Advise the patient to check with their health fund.

36 GENDER RESTRICTION

No benefit has been paid because the fund applies a gender restriction to this item. Advise the patient to check with their health fund.

37 GENDER RESTRICTION

A reduced benefit has been paid because the fund applies a gender restriction to this item. Advise the patient to check with their health fund.

38 INVALID CHARGE

No benefit has been paid because the health fund deems the charge for this item invalid. Check with the health fund for an explanation.

39 NOTIONAL CHARGE

No benefit has been paid. Check with the health fund for an explanation.

40 CONVERTED ITEM

No benefit has been paid. Check with the health fund for an explanation.

41 REFER TO FUND

No benefit has been paid. Check with the health fund for an explanation.

42 SYSTEM PROBLEM

The system is experiencing a problem. Call the HealthPoint HealthClaims Help Desk, who can investigate what is going on.

44 MEDICAL CERT REQUIRED

Medical Certificate is required.

50 PROVIDER NOT KNOWN

The health fund does not recognise this provider.

Check the provider number in HealthPoint's practitioner table is correct. If it is, call the HealthPoint HealthClaims Help Desk and ask them to check the practitioner has been registered with the relevant health fund.

51 NOT ALLOWED FOR PROV.

The health fund does not pay benefits when this service is performed by this provider. Advise the patient to check with their health fund.

52 TOOTH NO REQUIRED

Please enter a Tooth ID number.

53 DOS PRIOR TO INJURY DATE

The service date is prior to the injury date.

54 SUBMITTED FOR PROCESSING.

The transaction has been submitted for processing.

55 ICD 10 CODE REQUIRED.

Please enter an ICD 10 code.

56 CHARGE EXCEEDS MAXIMUM

The charge exceeds the agreed Health Fund maximum for the Provider.

57 ITEM AMOUNT ADJUSTED

Approved - the item amount has been adjusted.

58 NON TELE-HEALTH ITEM USED

A non Tele-Health item has been used.

12.3 Cancellation or Rejection (Void) Responses

When you attempt to cancel a claim, or when the patient rejects (voids) an assessment, the health fund sends a response, which HealthPoint displays and prints on the receipt.

If the response is not in the following table, please contact the relevant health fund for an explanation.

00 APPROVED

The health fund has approved this cancellation.

21 CONTACT HELP DESK

The system has taken no action.

Please contact the HealthPoint HealthClaims Help Desk.

25 UNABLE TO FIND CLAIM

The system cannot find the claim you are trying to cancel.

Please contact the HealthPoint HealthClaims Help Desk.

30 SYSTEM DATA ERROR

This is a serious error, so please report it to the HealthPoint HealthClaims Help Desk immediately.

58 TRANS NOT PERMITTED

This system does not permit this type of transaction.

HealthPoint should not have attempted this transaction, so please report this to the HealthPoint HealthClaims Help Desk immediately.

76 NOT SAME DAY AS CLAIM

The claim you are attempting to cancel was not created today. You cannot cancel this claim.

81 UNABLE TO LOCATE CLAIM

Unable to match cancellation request with claim.

82 CLAIM ALREADY PAID

The claim being canceled has already been settled.

91 SYSTEM BUSY-TRY AGAIN

The system cannot process your cancellation or rejection at the moment.

Wait a few seconds and retry by pressing the RETRY key. Should this condition persist, please call the HealthPoint HealthClaims Help Desk.

92 SYSTEM UNAVAILABLE

The system is temporarily unavailable.

Call the HealthPoint HealthClaims Help Desk, who can investigate why the system is currently unavailable.

93 SYSTEM PROBLEM

The system is experiencing a problem.

Call the HealthPoint HealthClaims Help Desk, who can investigate what is going on.

94 DUPLICATE TRANSACTION

The system is reporting that this transmission has been submitted more than once. HealthPoint should not have attempted this, so please report this to the HealthPoint HealthClaims Help Desk immediately.

13. Appendix B: Acupuncture Item Codes

To assist you with building your claims, a list of agreed Service Codes will be downloaded to your terminal during the installation session.

Item	Abbreviated Description	Full Description
103	INITIAL CONS	Initial consultation
203	STANDARD CONS	Standard consultation
307	MEDICAMENTS	Medicaments
Chinese Herbal Medicine		
303	INITIAL CONS	Initial consultation
403	STANDARD CONS	Standard consultation
503	MEDICAMENTS	Medicaments

14. Appendix C: Chiropractic Item Codes

For chiropractors, this list has been loaded into HealthPoint. You may like to set the fees to reflect your organisation's fee structure.

The appearance of an item in this list in no way infers that that item will attract a rebate from the health funds.

Also, the rebate on individual items may vary between different health funds.

Item	Abbreviated Description	Full Description
Consultations		
1001	INITIAL CONSULT	Initial Consultation
1002	INIT CONS/TREATMT	Initial consultation and treatment
1003	INITIAL CON A/H	Initial consultation – after hours
1004	CONSULT RE-EXAM	Consultation re-examination and treatment
1005	STD CONSULT 15M	Standard consultation up to 15 mins
1006	LONG CONS 15-30M	Long consultation 15-30 mins
1007	STD CONSUL A/H	Standard consultation - after hours
1008	LONG CONS A/H	Long consultation – after hours
Radiology		
1100	1 EXTRA VIEW	One extra view
1101	2 EXTRA VIEWS	Two extra views
1102	3 EXTRA VIEWS	Three extra views
1103	4 EXTRA VIEWS	Four extra views
1104	CERV SP 2 VIEWS	Cervical spine-ap and lateral 2 views
1105	CERV SP 3-4 VIEWS	Cervical spine 3-4 views

Item	Abbreviated Description	Full Description
Radiology (continued)		
1106	CERV SP 5-6 VIEWS	Cervical spine 5-6 views
1107	THORACIC SPINE	Thoracic spine-ap and lateral
1108	THORAC AP 2 LATS	Thoracic spine-ap and 2 laterals
1109	LUMBAR AP LAT 2 VW	Lumbar spine-ap and lateral 2 views
1110	LUMBOSACRAL 3-4 V	Lumbo-sacral spine 3-4 views
1111	LUMBOSACRAL 5-6 V	Lumbo-sacral spine 5-6 views
1112	FULL SPINE POST	Full spine (postural)
1113	SPINE X VIEWS	Full spine (multiple views)
1114	PELVIS POSTURAL	Pelvis-postural
1115	PELV SACRO-ILIAC	Pelvis and sacro-iliac joints 3 views
1116	SACRUM SACRO-ILIAC	Sacrum and sacro-iliac joints 3-4 views
1117	SACRUM/COCCYX 2 V	Sacrum and coccyx 2 views
1118	CLAVICLE 2 VIEWS	Clavicle 2 views
1119	SCAPULA 2 VIEWS	Scapula 2 views
1120	SHOULDER 2 VIEWS	Shoulder 2 views
1121	SHOULDER 4 VIEWS	Shoulder 4 views
1122	ACROMIOCLAVICULAR2	Acromioclavicular joints 2 views
1123	HUMERUS 2 VIEWS	Humerus 2 views
1124	HUMERUS 2 VW 1 JNT	Humerus 2 views of one joint
1125	ELBOW 2 VIEWS	Elbow 2 views
1126	ELBOW 4 VIEWS	Elbow 4 views
1127	RADIUS/ULNA 2 VW	Radius and ulna 2 views
1128	RADIUS/ULNA 2V 1J	Radius and ulna 2 views + 2 view 1 joint
1129	WRIST 2 VIEWS	Wrist 2 views
1130	WRIST 4 VIEWS	Wrist 4 views
1131	HAND/FINGERS 2 VW	Hand and fingers 2 views
1132	FINGERS 2 VIEWS	Fingers 2 views
1133	HIP 2 VIEWS	Hip 2 views
1134	HIP 3 V INCL PELVIS	Hip 3 views including pelvis
1135	FEMUR 2 VIEWS	Femur 2 views
1136	FEMUR 2 VIEWS 1 JNT	Femur 2 views + 2 views 1 joint
1137	KNEE 2 VIEWS	Knee-2 views
1138	KNEE 4 VIEWS	Knee-4 views
1139	TIBIA/FIBULA 2 VW	Tibia and fibula 2 views
1140	TIBIA/FIBLA 2 V 1 J	Tibia and fibula 2 view + 2 view 1 joint

Item	Abbreviated Description	Full Description
1141	ANKLE 2 VIEWS	Ankle 2 views
1142	ANKLE 4 VIEWS	Ankle 4 views
1143	FOOT/TOES 2 VIEWS	Foot and toes 2 views
1144	TOES 2 VIEWS	Toes 2 views
1145	CHEST 2 VIEWS	Chest 2 views
1146	SKULL 3 VIEWS	Skull 3 views
1147	INTERPRET XRAYS	Interpretation of X-rays
1148	LAB PROCED - URINE	Laboratory procedures – urine
1149	SPECIAL SERVICE	Special services
1150	MEDICAL REPORT	Reports and narrative
1151	XRAY	X-ray
1152	VIEWS 1AREA	Functional views of one area
Specialist Chiropractic Radiology		
1201	FULL INTERPRET	Full interpretation
Chiropractic Concessional Services		
1303	STD CONS CS	Standard consultation and treatment
1304	LONG CONS CS	Long consultation and treatment
Medico-Legal Examinations		
1401	EXAMTN 30MIN	Examination up to 30 mins duration
1402	EXAMTN 30-45MIN	Examination 30-45 mins
1403	EXAMTN 45-60MIN	Examination 45-60 mins
1404	MED REPORT ORAL	Medico/legal reports (telephone/oral)
1405	MED REP COMPREHS	Medico/legal reports (comprehensive)
1406	MED REP TRANSCRPT	Medico/legal reports – transcript
1407	CONSULTATIVE WORK	Consultative work
1408	WORKSITE ASSESSMT	Worksite assessment
Chiropractic Care		
1501	CHIRO CARE 15MIN	Chiropractic care up to 15 mins
1502	CHIRO CARE 30MIN	Chiropractic care 16-30 mins
1503	CHIRO CARE 30+MIN	Chiropractic care in excess of 30 mins
1504	CHIRO CARE A/H 15M	Chiropractic care up to 15 mins – after hours
1505	CHIRO CARE A/H 30M	Chiropractic care 16-30 mins – after hours
1506	CHIRO CARE A/H 30+	Chiropractic care in excess of 30 mins – after hours
Reassessment		
1601	REASSESS 15MIN	Reassessment up to 15 mins
1602	REASSESS 30MIN	Reassessment 16-30 mins

Item	Abbreviated Description	Full Description
Reassessment (continued)		
1603	REASSESS 30+MIN	Reassessment in excess of 30 mins
1604	REASSESS A/H 15M	Reassessment up to 15 mins – after hours
1605	REASSESS A/H 30M	Reassessment 16-30 mins – after hours
Report Writing		
1701	MEDREPT BRIEF	Substantitve report
1702	MEDREPT COMPREHS	Long consultation and treatment
Osteopathic Service		
1801	CONSULT/TREATMT	Consultation/treatment and supportive therapy
1802	STD CONSULT	Consultation/treatment and additional supportive therapy
1803	LONG CONSULT	Consultation/treatment and extended supportive therapy
1804	INITIAL CONSULT	Initial consultation examination treatment
Supportive Therapy		
1901	SHORT MASSAGE	Up to 30 mins therapeutic massage
1902	LONG MASSAGE	Up to 60 mins therapeutic massage
1903	NUTRITIONL SUPPORT	Nutritional support
1904	ORTHOTIC APPLIANCS	Orthotic appliances
Overseas Health Cover		
10960	CONSULT	Chiropractic health service provided to a person by an eligible chiropractor – 20 minute duration

15. Appendix D: Dental Item Codes

This list has been supplied by the Australian Dental Association. For more specific information on any of the items listed, consult An Australian Glossary of Dental Terms published by the Australian Dental Association Incorporated, or phone the Australian Dental Association on (02) 9906 4412.

For dentists, a subset of this list has been loaded into HealthPoint. You may like to set the fees to reflect your organisation's fee structure. Some items have not been loaded. If you need to include one of these items in a claim, add it by using the [NEW] and [AD-HOC] keys described in the procedure for creating a claim.

The appearance of an item in this list in no way infers that that item will attract a rebate from the health funds. Also, the rebate on individual items may vary between different health funds.

Item	Abbreviated Description	Full Description
Examination		
011	INITIAL CONSULT	Initial oral examination
012	PERIODIC EXAM	Periodic oral examination

Item	Abbreviated Description	Full Description
Examination (continued)		
013	ORAL EXAM LIMITED	Oral Exam Limited
014	CONSULT/EXAM	Consultation, including examination
015	EXT CONS 30 MINS	Consultation – extended (30 minutes) – including examination
016	CONSULT BY REFER	Consultation by referral
017	CONSULT BY REFER EXT CONS 30 MINS	Consultation by referral – extended (30 minutes or more)
018	WRITTEN REPORT	Written report
019	LETTER OF REFERRAL	Letter of referral
Radiological Examination and Interpretation		
022	BITEWING XRAY 1 F	Intraoral periapical or bitewing radiograph – single film
025	INTRA OCCLUSN XRAY	Intraoral radiograph – occlusal, maxillary or mandibular – single film
026	CONE BEAM VOL TOMOGRAPHY	Cone Beam Volumetric Tomography – Scan Acquisition – per appointment
031	EXTRA MAX/MAN XRAY	Extraoral radiograph – occlusal, maxillary or mandibular – single film
033	SKULL XRAY 1 FILM	Lateral, antero-posterior, posterior-anterior or submentovertex radiograph of the skull – single film
035	TEMP MANDIBLE XRAY	Radiograph of temporomandibular joint – single film
036	CEPHALOMETRIC XRAY	Cephalometric radiograph – lateral, antero-posterior, posterlo-anterior or submento-vertex
037	PANORAMIC XRAY	Panoramic radiograph
038	HANDWRIST XRAY	Hand-wrist radiograph for skeletal age assessment
039	SKULL TOMOGRAPHY	Tomography of the skull or parts thereof
Other Diagnostic Services		
041	BACTERIOLOGICAL EXAM	Bacteriological examination
042	CULTURE EXAM+IDENT	Culture examination and identification
043	ANTIBIOTIC TEST	Antibiotic sensitivity test
044	COLLECT PATH LAB	Collection (non-invasive) of sample for pathological laboratory examination
047	SALIVA SCREEN TEST	Saliva screening test
048	BACTERIOLOGICAL SCREEN TEST	Bacteriological screening test
051	BIOPSY OF TISSUE	Biopsy of tissue
052	HISTOPATHOLOGICAL EXAM	Histopathological examination of tissue

Item	Abbreviated Description	Full Description
Other Diagnostic Services (continued)		
053	CYTOLOGICAL EXAM	Cytological investigation
054	MUCOSAL SCREEN	Mucosal screening
055	BLOOD SAMPLE	Blood sample
056	HAEMATOLOGICAL EXAM	Haematological examination
059	CANCER SCREENING	Comprehensive Head and Neck Cancer examination and risk assessment
061	PULP TEST	Pulp testing – per visit
071	DIAGNOSTIC CAST	Diagnostic model – per model
072	PHOTO RECORD INTRA	Photographic records – intraoral
073	PHOTO RECORD EXTRA	Photographic records – extraoral
074	DIAGNOSTIC WAX-UP	Diagnostic wax-up
075	DIAGNOSTIC MODELLING	Diagnostic Modelling
081	CEPHALO ANALYSIS	Cephalometric analysis – excluding radiographs
082	TOOTH-JAW SIZE	Tooth-jaw size prediction analysis
083	TOMOGRAPHIC ANALYSIS	Tomographic Analysis
085	ELECTROMYOGRAPHIC RECORDING	Electromyographic recording
086	ELECTROMYOGRAPHIC ANALYSIS	Electromyographic analysis
087	CONE BEAM VOL TOMOGRAPHY ANALYSIS	Cone Beam Volumetric Tomography analysis and/or interpretation – small field of view (less than one complete dental arch)
088	CONE BEAM VOL TOMOGRAPHY ANALYSIS	Cone Beam Volumetric Tomography analysis and/or interpretation – maxillary or mandibular dentition (single arch)
089	CONE BEAM VOL TOMOGRAPHY ANALYSIS	Cone Beam Volumetric Tomography analysis and/or interpretation – maxillary and mandibular dentition (both arches)
090	CONE BEAM VOL TOMOGRAPHY ANALYSIS	Cone Beam Volumetric Tomography analysis and/or interpretation – temporomandibular joints only
091	CONE BEAM VOL TOMOGRAPHY ANALYSIS	Cone Beam Volumetric Tomography analysis and/or interpretation – orofacial structures
Dental Prophylaxis and Bleaching		
111	REMOVAL OF PLAQUE	Removal of plaque and/or stain
113	RECONTOURING	Recontouring existing restorations
114	REMVL CALC/PLAQ 1	Removal of calculus – first visit
115	REMVL CALC/PLAQ 2	Removal of calculus – subsequent visit

Item	Abbreviated Description	Full Description
Dental Prophylaxis and Bleaching (continued)		
116	ENAMEL	Enamel micro-abrasion – per tooth
117	BLEACH INT	Bleaching, internal – per tooth
118	BLEACH EXT	Bleaching, external – per tooth
119	SELF APPLY BLEACH	Bleaching, home application – per arch
Remineralisation Agents		
121	TOPICAL REMIN 1	Topical application of remineralisation and/or cariostatic agents, one treatment
122	TOPICAL REMIN 2	Topical application of remineralisation and/or cariostatic agents, home application – per arch
123	CONCENTRATED REMIN	Concentrated remineralisation and/or cariostatic agents, application – single tooth
Preventative Services – Other		
131	DIETARY ADVICE	Dietary advice
141	ORAL HYGIENE	Oral hygiene instruction
142	TOBACCO COUNSEL	Tobacco counselling
151	MOUTHGUARD	Provision of a mouthguard – indirect T
153	BI-MAX MOUTHGUARD	Bi-maxillary mouthguard – indirect T
161	FISSURE SEALING	Fissure and/or tooth surface sealing – per tooth
165	DESENSITISING	Desensitising procedure – per visit
171	ODONTOPLASTY	Odontoplasty – per tooth
Periodontics		
213	ACUTE PERIODONTAL	Treatment of acute periodontal infection – per visit
221	PERIODONTAL ANALYSIS	Clinical periodontal analysis and recording
222	PERIODONTAL DEBRIDE	Periodontal Debridement – per tooth
223	NON SURGICAL TX OF PERI IMPLANT DISEASE	Non-surgical treatment of peri-implant disease – per implant
231	GINGIVECTOMY	Gingivectomy – per tooth or implant
232	PERIODONTAL FLAP SUR	Periodontal flap surgery – per tooth or implant
233	SURGICAL TX OF PERI IMPLANT DISEASE	Surgical treatment of peri-implant disease – per implant
234	APP OF BIO ACTIVE MATERIAL	Application of biologically active material
235	GINGIVAL GRAFT	Gingival graft – per tooth or implant
236	TISSUE REGENERATION	Guided tissue regeneration – per tooth or implant
237	TISSUE REGENERATION	Guided tissue regeneration – membrane removal
238	PERIODONTAL FLAP SUR	Periodontal flap surgery for crown lengthening – per tooth

Item	Abbreviated Description	Full Description
Periodontics (continued)		
241	ROOT RESECTION	Root resection – per tooth
242	OSSEOUS SURGERY	Osseous surgery – per tooth or implant
246	MAX SINUS AUGMENT – TRANS ALVEOLAR	Maxillary sinus augmentation – Trans-alveolar technique – per sinus
247	MAX SINUS AUGMENT – LATERAL WALL	Maxillary sinus augmentation – Lateral wall approach – per sinus
243	OSSEOUS GRAFT	Osseous graft – per tooth or implant
244	OSSEOUS GRAFT	Osseous graft – block
245	PERIODONTAL SURG	Periodontal surgery involving one tooth or implant
250	PERIDONTAL THERAPY	Active Non-Surgical Periodontal Therapy – per quadrant
251	SUPP PERIODONTAL THERAPY	Supportive Periodontal Therapy – per appointment
Oral surgery – Extractions		
311	REM PERMANENT TOOTH	Removal of a tooth or part(s) thereof
314	REM SECTIONAL	Sectional removal of a tooth or part(s) thereof
Surgical Extractions		
322	REM UNERUPTED 1	Surgical removal of a tooth or tooth fragment not requiring removal of bone or tooth division
323	REM UNERUPTED 2	Surgical removal of a tooth or tooth fragment requiring removal of bone
324	REM UNERUPTED 3	Surgical removal of a tooth or tooth fragment requiring both removal of bone and tooth division
Surgery for Prostheses		
331	ALVEOLECTOMY	Alveolectomy per segment
32	OSTEOTOMY	Osteotomy
337	RED FIBROUS TUBERO	Reduction of fibrous tuberosity
338	RED FLABBY RIDGE	Reduction of flabby ridge – per segment
341	REM HYPER TISSUE	Removal of hyperplastic tissue
343	REPOS MUSCLE ATTCH	Repositioning of muscle attachment
344	VESTIBULOPLASTY	Vestibuloplasty
345	SKIN or MUCOSAL GRAFT	Skin or mucosal graft
Treatment of Maxillofacial Injuries		
351	REP/SUBCUT TISS	Repair of skin and subcutaneous tissue or mucous membrane
352	FRAC MAX-NO SPLINT	Fracture of maxilla or mandible – not requiring splinting
353	FRAC MAX-WIRING	Fracture of maxilla or mandible – with wiring of teeth or intraoral fixation

Item	Abbreviated Description	Full Description
Treatment of Maxillofacial Injuries (continued)		
354	FRAC MAX-EXTN FIX	Fracture of maxilla or mandible – with external fixation
355	FRACTURE OF ZYGOMA	Fracture of zygoma
359	FRAC OPEN REDUCTN	Fracture of the maxilla or mandible requiring open reduction
Dislocations		
361	MANDIBLE RELOCTN	Mandible – relocation following dislocation
363	DISLOCATN OPEN OP	Mandible – relocation requiring open operation
Osteotomies		
365	OSTEOTOMY MAXILLA	Osteotomy – maxilla
366	OSTEOTOMY MANDIBLE	Osteotomy – mandible
General Surgery		
371	REM TUMOUR/CYST	Removal of tumour, cyst or scar – cutaneous, subcutaneous or in mucous membrane
373	REM TUMOUR MUSC	Removal of tumour, cyst or scar involving muscle, bone or other deep tissue
375	SURG SALIVARY DUCT	Surgery to salivary duct
376	SURG SALIVARY GLND	Surgery to salivary gland
377	REM/REP SOFT TISSUE	Removal or repair of soft tissue (not elsewhere defined)
378	SURG REM FORGN BDY	Surgical removal of foreign body
379	MARSUPIAL SATN CYST	Marsupialization of cyst
Other Surgical Procedures		
381	SURG EXP UNERUPTED	Surgery exposure of unerupted tooth
382	ORTHODONTIC TRACTN	Surgical exposure and attachment of device for orthodontic traction
384	REPOS DISP TOOTH	Repositioning of displaced tooth/teeth – per tooth
385	SURG REPOS UNERUPT	Surgical repositioning of unerupted tooth
386	REPOS/SPLINTING	Splinting of displaced tooth/teeth – per tooth
387	REPLANTATION TOOTH	Replantation and splinting of a tooth
388	TRANSPLANT TOOTH	Transplantation of tooth or tooth bud
389	SURG NEUROVASCULAR TISSUE	Surgery to isolate and preserve neurovascular tissue
391	FRENECTOMY	Frenectomy
392	DRAINAGE OF ABSCESS	Draining of abscess
393	SURG MAXIL ANTRUM	Surgery involving the maxillary antrum
394	OSTEOMYELITIS	Surgery for osteomyelitis

Item	Abbreviated Description	Full Description
Other Surgical Procedures (continued)		
395	REPAIR NERVE TRUNK	Repair of nerve trunk
399	CNTRL HAEMORRHAGE	Control of reactionary or secondary post- operative haemorrhage
Endodontics – Pulp and Root Canal Treatments		
411	DIRECT PULP CAPPING	Direct pulp capping
412	INCOMP ENDOD THERAPY	Incomplete endodontic therapy (tooth not suitable for further treatment)
414	PULPOTOMY	Pulpotomy
415	ROOT CANAL PREP	Complete chemo-mechanical preparation of root canal – one canal
416	ROOT CANAL ADDL	Complete chemo-mechanical preparation of root canal – each additional canal
417	ROOT CANAL OBTURAT	Root canal obturation – one canal
418	OBTURATION ADDL	Root canal obturation – each additional canal
419	EXTIRPATION PULPRT	Extirpation of pulp or debridement of root canal(s) – emergency or palliative
421	RESORB ROOT CANAL	Resorbable root canal filling – primary tooth
Endodontics – Periradicular Surgery		
431	ENDO-PERIAP CURETT	Periapical curettage – per root
432	ENDO-APICECTOMY/RT	Apicectomy – per root
433	EXPLOR PERIRAD SURG	Exploratory periradicular surgery
434	APICAL SEAL	Apical seal – per canal
Endodontics – Periradicular Surgery (continued)		
436	SEAL PERFORATION	Sealing of perforation
437	REP EXT ROOT RESORP	Surgical treatment and repair of external root resorption – per tooth
438	HEMISECTION	Hemisection of tooth
Other Endodontic Services		
445	EXPLORE CANAL	Exploration and/or negotiation of a calcified canal – per canal, per visit
451	REM ROOT FILLING	Removal of root filling – per canal
452	REM POST/POST CRWN	Removal of a cemented root canal post or post crown
453	REM FRAC INSTRUMNT	Removal or bypassing fractured endodontic instrument
455	IRRIGATE/DRESS CNL	Additional visit for irrigation and/or dressing of the root canal system – per tooth
457	OBTURATE DFCT/PERF	Obturation of resorption defect or perforation (non-surgical)

Item	Abbreviated Description	Full Description
Other Endodontic Services (continued)		
458	INTERIM ROOT FILL	Interim therapeutic root filling – per tooth
Metallic Restorations – Direct		
511	METAL REST ONE SURF	Metallic restoration – one surface – direct
512	METAL REST TWO SURF	Metallic restoration – two surfaces – direct
513	METAL REST THREE SURF	Metallic restoration – three surfaces – direct
514	METAL REST FOUR SURF	Metallic restoration – four surfaces – direct
515	METAL REST FIVE SERV	Metallic restoration – five surfaces - direct
Adhesive Restorations – Anterior Teeth – Direct		
521	ADH REST ONE SURF	Adhesive restoration – one surface – anterior tooth – direct
522	ADH REST TWO SURF	Adhesive restoration – two surfaces – anterior tooth – direct
523	ADH REST THREE SURF	Adhesive restoration – three surfaces – anterior tooth – direct
524	ADH REST FOUR SURF	Adhesive restoration – four surfaces – anterior tooth – direct
525	ADH REST FIVE SURF	Adhesive restoration – five surfaces – anterior tooth - direct
526	ADH REST VENEER ANTERIOR TOOTH	Adhesive restoration – veneer – anterior tooth – direct
Adhesive Restorations – Posterior Teeth – Direct		
531	ADH REST 1 POST	Adhesive restoration – one surface – posterior tooth – direct
532	ADH REST 2 POST	Adhesive restoration – two surfaces – posterior tooth – direct
533	ADH REST 3 POST	Adhesive restoration – three surfaces – posterior tooth – direct
534	ADH REST 4 POST	Adhesive restoration – four surfaces – posterior tooth – direct
535	ADH REST 5 POST	Adhesive restoration – five surfaces – posterior tooth - direct
536	ADH REST VENEER POSTERIOR TOOTH	Adhesive restoration – veneer – posterior tooth – direct
Metallic Restorations – Indirect		
541	METAL REST 1 SURF	Metallic restoration – one surface – indirect
542	METAL REST 2 SURF	Metallic restoration – two surfaces – indirect
543	METAL REST 3 SURF	Metallic restoration – three surfaces – indirect

Item	Abbreviated Description	Full Description
Metallic Restorations – Indirect (continued)		
544	METAL REST 4 SURF	Metallic restoration – four surfaces – indirect
545	METAL REST 5 SURF	Metallic restoration – five surfaces - indirect
Tooth-coloured Restorations - Indirect		
551	TOOTH COL REST 1 SURF	Tooth-coloured restoration – one surface – indirect
552	TOOTH COL REST 2 SURF	Tooth-coloured restoration – two surfaces – indirect
553	TOOTH COL REST 3 SURF	Tooth-coloured restoration – three surfaces – indirect
554	TOOTH COL REST 4 SURF	Tooth-coloured restoration – four surfaces – indirect
555	TOOTH COL REST 5 SURF	Tooth-coloured restoration – five surfaces - indirect
556	TOOTH COL REST VENEER INDIRECT	Tooth-coloured restoration – veneer – indirect
Other Restorative Services		
571	ADAPTION NEW RESTORATION	Adaptation of new restoration to existing removable prosthesis – per tooth
572	ROV TEMP REST	Provisional (intermediate/temporary) restoration – per tooth
574	METAL BAND	Metal Band
575	PIN RETENTION	Pin retention – per pin
577	CUSP CAPPING	Cusp capping – per cusp
578	REST INCISAL CNR	Restoration of an incisal corner – per corner
579	BOND TOOTH FRAG	Bonding of tooth fragment
586	CROWN METALLIC WITH TOOTH PREP	Crown – metallic – with tooth preparation – preformed
587	CROWN METALLIC MINIMAL PREP	Crown – metallic – minimal tooth preparation – preformed
588	CROWN TOOTH COLOUR	Crown – tooth-coloured – preformed
595	REM INDIRECT REST	Removal of indirect restoration
596	RECEMENT IND REST	Recementing of indirect restoration
597	POST - DIRECT	Post - direct
Prosthodontics - Crowns		
611	FULL ACRY INDIRECT	Full crown – acrylic resin – indirect
613	FULL NON-METAL INDIRECT	Full crown – non-metallic – indirect
615	FULL VENEERED INDIRECT	Full crown – veneered – indirect
618	FULL METALLIC INDIRECT	Full crown – metallic – indirect
625	POST AND CORE INDIRECT	Post and core for crown – indirect
627	PRELIM REST DIRECT	Preliminary restoration for crown – direct
629	POST ROOT CAP INDIRECT	Post and root cap - indirect

Item	Abbreviated Description	Full Description
Prosthodontics – Provisional Crown and Bridge		
631	PROV CROWN	Provisional crown – per tooth
632	PROV BRIDGE PONTIC	Provisional bridge pontic – per pontic
633	PROV IMPLANT ABUT	Provisional implant abutment – per abutment
634	PROV IMPLANT REST	Provisiional implant restoration – per implant abutment
Prosthodontics – Bridges		
642	BRIDGE PONTIC DIRECT	Bridge pontic – direct – per pontic
643	BRIDGE PONTIC INDIRECT	Bridge pontic – indirect – per pontic
644	SEMI-FIX ATTACH	Semi-fixed attachment
645	PREC OR MAG ATTACH	Precision or magnetic attachment
649	RET BOND FIX INDIRECT	Retainer for bonded fixture – indirect – per tooth
Prosthodontics – Crown and Bridge Repairs and Other Services		
651	RECEMENT CRWN OR VENEER	Recementing crown or veneer
652	RECEMENT BRIDGE OR SPLINT	Recementing bridge or splint – per abutment
653	REBOND BRIDGE OR SPLINT	Rebonding of bridge or splint where retreatment of bridge surface is required
655	REMOVE CROWN	Removal of crown
656	REMOVE BRIDGE OR SPLINT	Removal of bridge of splint
658	REP CRWN BRID OR SPL INDIRECT	Repair of crown, bridge or splint – indirect
659	REP CRWN BRID OR SPL DIRECT	Repair of crown, bridge or splint - direct
Prosthodontics – Procedures for Implant Prostheses		
661	FIT IMPLANT ABUT	Fitting of implant abutment – per abutment
663	REM IMPANT/RET DEV	Removal of implant and/or retention device
664	FIT DENTURE BAR	Fitting of bar for denture – per abutment
665	PROS RESIN BASE ATTCH IMPLANTS	Prosthesis with resin base attached to implants – removable – per arch
666	PROS METAL ATTCH IMPLANTS	Prosthesis with metal frame attached to implants – fixed – per arch
667	PROS METAL ATTCH IMPLANTS REM	Prosthesis with metal frame attached to implants – removable – per arch
668	FIX/ABUT SCREW REM/ REPL	Fixture or abutment screw removal and replacement
669	REM PROS IMPLANTS	Removal and reattachment of prosthesis fixed to implant(s) – per implant

Item	Abbreviated Description	Full Description
Prosthodontics – Procedures for Implant Prostheses (continued)		
671	FULL CRWN NON METAL INDIRECT	Full crown attached to osseointegrated implant – non metallic – indirect
672	FULL CRWN VENEER INDIRECT	Full crown attached to osseointegrated implant – veneered – indirect
673	FULL CRWN METAL INDIRECT	Full crown attached to osseointegrated implant – metallic – indirect
678	DIAGNOSTIC TEMPLATE	Diagnostic template
679	SURG IMPLANT GUIDE	Surgical implant guide
684	INS ONE OF TWO STAGE ENDOSS IMPLANT	Insertion of first stage of two-stage endosseous implant – per implant
688	INS ONE STAGE ENDOSS IMPLANT	Insertion of one-stage endosseous implant – per implant
689	PROVISIONAL IMPLANT	Provisional implant
690	PROV RET DEVICE	Provisional retention device
691	STAGE TWO SURG ENDOSS IMPLANT	Second stage surgery of two-stage endosseous implant – per implant
Prosthodontics – Dentures and Denture Components		
711	COMP MAX DENT	Complete maxillary denture
712	COMP MAND DENT	Complete mandibular denture
713	PROV COMP MAXILLARY DENTURE	Provisional complete maxillary denture
714	PROV COMPLETE MANIDIBULAR DENTURE	Provisional complete mandibular denture
715	PROV COMP MAX AND MAN DENTURE	Provisional complete maxillary and mandibular dentures
716	METAL PALATE OR PLATE	Metal palate or plate
719	COMP MAX/MAND	Complete maxillary and mandibular dentures
721	PART MAX DENT RESIN	Partial maxillary denture – resin base
722	PART MAND DENT RESIN	Partial mandibular denture – resin base
723	PROV PART MAXILLARY DENTURE	Provisional partial maxillary denture
724	PROV PART MANDIBULAR DENTURE	Provisional partial mandibular denture
727	PART MAX DENT METAL	Partial maxillary denture – cast metal framework
728	PART MAND DENT METAL	Partial mandibular denture – cast metal framework
730	DVA USE ONLY	A code number for Department of Veterans' Affairs use only

Item	Abbreviated Description	Full Description
Prosthodontics – Dentures and Denture Components (continued)		
731	RETAINER	Retainer – per tooth
732	OCCLUSAL REST	Occlusal rest – per rest
733	PART DENTURE	Tooth/teeth (partial denture)
734	OVERLAYS	Overlays – per tooth
735	PREC/MAG DENT ATTCH	Precision or magnetic denture attachment
736	IMMEDIATE TOOTH REPL	Immediate tooth replacement – per tooth
737	RESILIENT LINING	Resilient lining
738	WROUGHT BAR	Wrought bar
739	METAL BACKING	Metal Backing
Prosthodontics – Denture Maintenance		
741	ADJUST DENTURE	Adjustment of a denture
743	RELINE COMP DENT PROC	Relining – complete denture – processed
744	RELINE PART DENT PROC	Relining – partial denture – processed
745	REMODEL COMP DENT	Remodelling – complete denture
746	REMODEL PART DENT	Remodelling – partial denture
751	RELINE COMP DENT DIRECT	Relining – complete denture – direct
752	RELINE PART DENT DIRECT	Relining – partial denture – direct
753	CLEAN AND POLISH	Cleaning and polishing of pre-existing denture
754	DENT BASE MODIFY	Denture base modification
Prosthodontics – Denture Repairs		
761	REATTACH TOOTH/CLP	Reattaching pre-existing clasp to denture
762	REPLACE/ADD CLASP	Replacing/adding clasp to denture – per clasp
763	REPAIR BASE COMP DENT	Repairing broken base of a complete denture
764	REPAIR BASE PART DENT	Repairing broken base of a partial denture
765	REPL TOOTH COMPL	Replacing/adding new tooth on denture – per tooth
766	REATTACH EXIST TOOTH	Reattaching existing tooth on denture – per tooth
768	ADD TOOTH PARTIAL	Adding tooth to partial denture to replace an extracted or decoronated tooth – per tooth
769	REP/ADD TO METAL CAST	Repair or addition to metal casting
Prosthodontics – Other Prosthodontic Services		
771	TISSUE CONDITIONING	Tissue conditioning preparatory to impressions – per application
772	SPLINT RESIN INDIRECT	Splint – resin – indirect
773	SPLINT METAL INDIRECT	Splint – metal – indirect
774	OBTURATOR	Obturator

Item	Abbreviated Description	Full Description
Prosthodontics – Other Prosthodontic Services (continued)		
775	CHARACTER DENT BASE	Characterisation of denture base
776	IMPRESS DENT REP/MOD	Impression – denture repair/modification
777	IDENTIFICATION	Identification
778	INLAY DENTURE TOOTH	Inlay for denture tooth
779	SURG GUIDE IMMED DENT	Surgical guide for an immediate denture
Orthodontics – Removable Appliances		
811	PASS REM APPLIANCE	Passive removable appliance – per arch
821	ACTIVE REM APPLIANCE	Active removable appliance – per arch
823	FUNCT ORTHO APPLIANCE	Functional orthopaedic appliance
824	FUNCT ORTH APPLIANCE PREFAB	Functional orthopaedic appliance – prefabricated
825	SEQ PLASTIC ALIGNERS	Sequential plastic aligners – per arch
Orthodontics – Fixed Appliances		
829	PARTIAL BANDING	Partial banding – per arch
831	FULL ARCH BANDING	Full arch banding – per arch
833	REMOVE BANDING	Removal of banding – per arch
841	FIX PALATAL/LINGUAL	Fixed palatal or lingual arch appliance
842	PART BAND ELAST	Partial banding for inter-maxillary elastics (cross elastics)
843	MAXILLARY EXP APPL	Maxillary expansion appliance
845	PASSIVE FIX APPL	Passive fixed appliance
846	MINOR TOOTH GUIDE	Minor tooth guidance - fixed
Orthodontics – Extraoral Appliances		
851	EXTRAORAL APPLIANCE	Extraoral appliance
Orthodontics - Attachments		
862	BONDING ATTACHMENT	Bonding of attachment for application of orthodontic force
Orthodontics – Other Orthodontic Services		
871	ORTHODONTIC ADJUST	Orthodontic adjustment
872	REATTACH PASSIVE APP	Re-attachment of passive appliance – fixed
873	REPAIR PASSIVE APP	Repair of passive appliance – fixed
874	REMOVAL PASS APP	Removal of passive appliance – fixed
875	REP REM APP RESIN	Repair of removable appliance – resin base
876	REP REM APP CLASP	Repair of removable appliance – clasp, spring or tooth
877	ADD TO REM APP CLASP	Addition to removable appliance – clasp, spring or tooth
878	RELINE REM APP PROC	Relining – removable appliance - processed

Item	Abbreviated Description	Full Description
Orthodontics – Complete Course of Orthodontic Treatment		
881	COM CRSE ORTH TREAT	Complete course of orthodontic treatment
General Services - Emergencies		
911	PALLIATIVE CARE	Palliative care
915	AFTER HRS CALLOUT	After-hours callout
916	TRAVEL	Travel to provide services
General Services – Drug Therapy		
926	INDIV MADE TRAY	Individually made tray – medicament(s)
927	PROV MEDICATN	Provision of medication/medicament
928	INTRA CANNULATION	Intravenous cannulation and establishment of infusion
General Services – Anaesthesia, Sedation and Relaxation Therapy		
941	LOCAL ANAESTHESIA	Local anaesthesia
942	SEDATION IV	Sedation – intravenous – per 30 minutes or part thereof
943	SEDATION INHALATION	Sedation – inhalation – per 30 minutes or part thereof
944	RELAX THERAPY	Relaxation therapy
945	LOW LEVEL LASER	Low level laser therapy – per appointment
948	DENTAL ACUPUNCTURE	Dental acupuncture – per appointment
949	GEN ANAESTHESIA/SED	Treatment under general anaesthesia/sedation
General Services – Occlusal Therapy		
961	MINOR OCCLUS ADJ	Minor occlusal adjustment – per visit
963	CLINICAL OCCLUSAL	Clinical occlusal analysis including muscle and joint palpation
964	REGN CAST OCCLUS	Registration and mounting of models for occlusal analysis
965	OCCLUSAL SPLINT	Occlusal splint
966	ADJ OCCLUS SPLINT	Adjustment of pre-existing occlusal splint – per visit
967	PANTOGRAPH TRACE	Pantographic tracing
968	OCCLUSAL ADJ	Occlusal adjustment following occlusal analysis – per visit
971	ADJUNCT PHYS THER	Adjunctive physical therapy for temporomandibular joint and associated structures
972	REP/ADJ OCCLUSAL SPL	Repair/addition – occlusal splint
Miscellaneous		
981	SPLINT STABILISE DIR	Splinting and stabilisation – direct – per tooth
982	ENAMEL STRIPPING	Enamel stripping – per visit
983	SING ARCH ORAL APPL	Single arch oral appliance for diagnosed snoring and obstructive snoring and sleep apnoea

Item	Abbreviated Description	Full Description
Miscellaneous		
984	BI-MAX ORAL APPL	Bi-maxillary oral appliance for diagnosed snoring and obstructive snoring and sleep apnoea
985	REPAIR/ADD SNORING OR SLEEP APNOEA DEVICE	Repair/addition – snoring or sleep apnoea device
986	POST-OP CARE	Post-operative care not otherwise included
987	RECONTOUR TISSUE	Recontour tissue – per appointment
990	TREATMENT NOT INCL	Treatment not otherwise included (specify)
999	GST	GST

16. Appendix E: Dietitians Item Codes

To assist you with building your claims, a list of agreed Service Codes will be downloaded to your terminal during the installation session.

Item	Abbreviated Description	Full Description
500	INDUVIDUAL INITIAL	Individual Initial consultation
600	INDIVIDUAL REVIEW	Review individual consultation
700	GROUP CONS	Group consultation
800	OUT OF ROOMS	Home/Out of rooms consultation
Overseas Health Cover		
10954	STANDARD CONS	Dietetics health service provided to a person by an eligible dietitian
81120	DIABETES 45 MIN	Dietetics health service provided to a person by an eligible dietitian for the purposes of ASSESSING a person's suitability for group services for the management of type 2 diabetes – 45 minute duration
81125	GRP CONS 60 MIN	Dietetics health service provided to a person by an eligible dietitian, as a GROUP SERVICE for the management of type 2 diabetes – 60 minute duration

17. Appendix F: Exercise Physiology Item Codes

To assist you with building your claims, a list of agreed Service Codes will be downloaded to your terminal during the installation session.

Item	Abbreviated Description	Full Description
102	INITIAL SESSION	Once only per course of treatment >45 min
202	STANDARD CONS	Standard consultation – 30-60 min
302	EXTENDED CONS	Extended consultation – >60 min
402	STD CONSULT TRAVEL	Standard consultation requiring travel (i.e home visit)
502	GROUP 1 HR MAX 8	1 hour (max 8 people)
Overseas Health Cover		
10953	STANDARD CONS	Exercise Physiology service provided to a person by an eligible exercise physiologist
81110	DIABETES 45 MIN	Exercise physiology health service provided to a person by an eligible exercise physiologist for the purposes of ASSESSING a person's suitability for group services for the management of type 2 diabetes – 45 min duration
81115	GRP CONS 0-61MIN	Exercise physiology health service provided to a person by an eligible exercise physiologist, as a GROUP SERVICE for the management of type 2 diabetes - 60 min duration

18. Appendix G: Medical OSHC Item Codes

To assist you with building your claims, a list of agreed Service Codes will be downloaded to your terminal during the installation session.

Item	Abbreviated Description	Full Description
Overseas Health Cover		
3	OSVC Brief Consult	Level 'A' Short Surgery Consultation
23	OSVC Standard Cons	Level 'B' Standard Surgery Consultation (<20 minutes)
36	OSVC Long Consult	Level 'C' Long Surgery Consultation (>20 minutes)
44	OSVC PROLONGED CONS	Level 'D' Comprehensive Surgery Consultation (>40 minutes)
52	OSVC Brief consult	Brief Surgery Consultation
53	OSVC Standard Cons	Standard Surgery Consultation
54	OSVC Long Consult	Long Surgery Consultation
57	OSVC Prolonged Cons	Prolonged Surgery Consultation

Item	Abbreviated Description	Full Description
Overseas Health Cover (continued)		
585	OSVC AH Consult	Professional attendance by a general practitioner on one patient on one occasion - each attendance (other than an attendance in unsociable hours) in an after-hours period
588	OSVC AH Consult	Professional attendance by a medical practitioner (other than a general practitioner) on one patient on one occasion—each attendance (other than an attendance in unsociable hours) in an after-hours period
591	OSVC AH Consult	Professional attendance by a medical practitioner (other than a general practitioner) on one patient on one occasion – each attendance (other than an attendance in unsociable hours) in an after-hours period
594	OSVC AH Consult Add P	Professional attendance by a medical practitioner – each additional patient at an attendance that qualifies for item 585, 588 or 591 in relation to the first patient
599	OSVC AH Consult	Professional attendance by a general practitioner on not more than 1 patient on 1 occasion - between 11pm - 7am
600	OSVC AH Consult	Professional attendance by a medical practitioner on not more than 1 patient on 1 occasion - between 11pm - 7am
701	OSVC Hlth Assess Srt	Professional attendance by a medical practitioner (other than a specialist or consultant physician) to perform a brief health assessment, lasting not more than 30 minutes
703	OSVC Hlth Assess Med	Professional attendance by a medical practitioner (other than a specialist or consultant physician) to perform a standard health assessment, lasting more than 30 minutes but less than 45 minutes
705	OSVC Hlth Assess Ext	Professional attendance by a medical practitioner (other than a specialist or consultant physician) to perform a long health assessment, lasting at least 45 minutes but less than 60 minutes

Item	Abbreviated Description	Full Description
Overseas Health Cover (continued)		
707	OSVC Hlth Assess Ext	Professional attendance by a medical practitioner (other than a specialist or consultant physician) to perform a prolonged health assessment (lasting at least 60 minutes)
721	OSVC GP CD plan	GP Chronic Disease Plan
723	OSVC CD plan	Chronic Disease Plan
2501	OSVC Cons/smear test	Short Consult with cervical smear test
2504	OSVC Ext/Smear Test	Attendance with cervical smear - diabetes
2507	OSVC Long/smear test	Long Consult with cervical smear test
2700	OSVC GP MH Plan	GP Mental Health Plan (<20mins)
2701	OSVC GP MH Plan Long	GP Mental Health Plan (>40mins)
2712	OSVC MH Plan Review	Review of GP Mental Health Plan
2713	OSVC GP MH Consult	GP Mental Health Attendance
2715	OSVC MH Plan	Mental Health Plan (<20mins)
2717	OSVC MH Plan Long	Mental Health Plan (<40mins)
2725	OSVC FPS Ext Attend	Focused Psychological Strategies, extended attendance
5000	OSVC AH Consult	Level 'a' professional attendance
5020	OSVC Brief Consult	Professional attendance by a general practitioner on not more than 1 patient on 1 occasion (<20 minutes)
5040	OSVC Long Consult	Professional attendance by a general practitioner on not more than 1 patient on 1 occasion (>20 minutes)
5060	OSVC Prolonged Cons	Professional attendance by a general practitioner on not more than 1 patient on 1 occasion (<40 minutes)
5203	OSVC AH Consult	Standard consultation of more than 5 minutes duration but not more than 25 minutes duration
5207	OSVC AH Long Consult	Long consultation of more than 25 minutes duration but not more than 45 minutes duration
10990	OSVC CC Bulk Bill	Additional bulk billing payment for general medical services - concession
10991	OSVC R/R Bulk Bill	Additional bulk billing payment for general medical services - rural
11506	OSVC Measure RESP FC	Measurement of Respiratory Function
11700	OSVC ECG & Report	ECG Tracing & Report
14203	OSVC Incision implant	Hormone or living tissue implantation, by direct implantation involving incision and suture

Item	Abbreviated Description	Full Description
Overseas Health Cover (continued)		
14206	OSVC Cannula Implant	Implantation by cannula
16500	OSVC A/Natal Consult	Antenatal Attendance
16590	OSVC P&M Pregnancy	Planning & Management of A Pregnancy
16591	OSVC P&M Pregnancy	Planning & Management of A Pregnancy
30003	OSVC Dressing of Burns	Localised Burns, dressing of, (not involving grafting) each attendance at which the procedure is performed, including any associated consultation
30023	OSVC Repair of Wound	WOUND OF SOFT TISSUE, traumatic, deep or extensively contaminated, debridement of, under general anaesthesia or regional or field nerve block, including suturing of that wound when performed
30026	OSVC Repair of Wound	Skin and subcutaneous tissue or mucous membrane, repair of wound - not on face or neck, small, superficial (Aneas.)
30029	OSVC Repair of Wound	Skin and subcutaneous tissue or mucous membrane, repair of wound - not on face or neck, small, deep tissue (Anaes.)
30032	OSVC Repair of Wound	Skin and subcutaneous tissue or mucous membrane, repair ofwound - on face or neck, small, superficial (Anaes.)
30035	OSVC Repair of Wound	Skin and subcutaneous tissue or mucous membrane, repair of wound - on face or neck, small, deep tissue (Anaes.)
30038	OSVC Repair of Wound	Skin and subcutaneous tissue or mucous membrane, repair of wound - not on face or neck, large, superficial
30045	OSVC Repair of Wound	Skin and subcutaneous tissue or mucous membrane, repair of wound on face or neck, large, superficial
30061	OSVC Foreign Body Rem	Superficial foreign body, removal of, (including from cornea or sclera) as an independent procedure (Anaes.)
30064	OSVC Remove implant	Subcutaneous foreign body, removal of, requiring incision and exploration, including closure of wound if performed,as an independent procedure
30071	OSVC Biopsy Skin	Diagnostic biopsy of skin as an independent procedure

Item	Abbreviated Description	Full Description
Overseas Health Cover (continued)		
30186	OSVC Remove warts	Palmar or plantar warts (less than 10), definitive removal of, excluding ablative methods alone, not being a service to which item 30185 or 30187 applies
30219	OSVC Abcess Incision	Haematoma, furuncle, small abscess or similar lesion not requiring admission to a hospital - incision with drainage of (excluding aftercare)
47915	OSVC Ingrown toe nail	Ingrowing nail of toe, wedge resection
47916	OSVC Ingrown toe nail	Ingrowing nail of toe, partial resection
73804	OSVC Path test	Simple pathology test
73805	OSVC Urine Test	Basic Urine Test
73806	OSVC Pregnancy Test	Pregnancy Test
73828	OSVC Semen Exam	Semen examination for presence of spermatozoa by a participating nurse practitioner
73829	OSVC Blood test	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count by a participating nurse practitioner - 1 test
73830	OSVC Blood test 2	2 tests described in item 73829 by a participating nurse practitioner
73831	OSVC Blood test 3	3 or more tests described in item 73829 by a participating nurse practitioner
73832	OSVC Urine Micro	Microscopy of urine, whether stained or not, or catalase test by a participating nurse practitioner
73833	OSVC Pregnancy test	Pregnancy test by 1 or more immunochemical methods by a participating nurse practitioner
73834	OSVC Non-urine Micro	Microscopy for wet film other than urine, including any relevant stain by a participating nurse practitioner
73835	OSVC Film Micro	Microscopy of Gram-stained film, including (if performed) a service described in item 73832 or 73834 by a participating nurse practitioner
73836	OSVC Chemical tests	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar method by a participating nurse practitioner
73837	OSVC Fungi Micro	Microscopy for fungi in skin, hair or nails by a participating nurse practitioner - 1 or more sites

Item	Abbreviated Description	Full Description
Overseas Health Cover (continued)		
82200	OSVC Short Attend	Professional attendance by a participating nurse practitioner for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management
82205	OSVC <20 min Attend	Professional attendance for a patient presenting with clinical signs and symptoms with an easily identifiable underlying cause following a short consultation lasting less than 20 minutes duration
82210	OSVC >20 min Attend	Professional attendance by a participating nurse practitioner lasting at least 20 minutes
82215	OSVC >40 min Attend	Professional attendance by a participating nurse practitioner lasting at least 40 minutes

19. Appendix H: Myotherapy Item Codes

To assist you with building your claims, a list of agreed Service Codes will be downloaded to your terminal during the installation session.

Item	Abbreviated Description	Full Description
105	INITIAL CONS	Initial Consultation
205	STANDARD CONS	Standard consultation

20. Appendix I: Occupational Therapy Item Codes

To assist you with building your claims, a list of agreed Service Codes will be downloaded to your terminal during the installation session.

Here is a list of the agreed codes, which can be inserted into the back of your HealthClaims user guide, or kept somewhere handy to the terminal for easy reference.

For further information regarding the use of these codes, please contact your Occupational Therapist's Association.

Item	Abbreviated Description	Full Description
Standard Items		
100	INITIAL CONSULT	Initial Individual Assessment/Treatment
200	CONSULT-TREATMT	Individual Assessment/Treatment – Subsequent to Initial
300	GROUP ASSESSMENT	Group Assessment/Treatment
Overseas Health Cover		
10958	STANDARD CONS	Occupational therapy health service provided to a person by an eligible occupational therapist
80125	CONS 21–50 MINS	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as meeting the credentialing requirements for provision of this service - lasting more than 20 minutes, but not more than 50 minutes
80130	EXTERNAL VISIT	Professional attendance at a place other than consulting rooms as per requirements outlined for item 80125
80135	CONSULT 50 PLUS MIN	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as meeting the credentialing requirements for provision of this service lasting more than 50 minutes
80140	EXTERNAL VISIT	Professional attendance at a place other than consulting rooms as per requirements outlined for 80135.
80145	CONSULT 0–61 MIN	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by an occupational therapist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting for at least 60 minutes

It is not necessary to include the condition code in a claim. If you want to include the condition code, it can be entered into the BODY PART field as you make the claim. If you do include the condition code, the fund may store the information in the member's file. Contact the member's fund to find out if this information is compulsory.

To include the code:

1. From the ADD SERVICE Screen, press 5 BODY PART.
2. Enter the condition code information (e.g. for a subsequent consultation to treat Upper Limb Function (5) through musculo-skeletal system intervention (6) enter 56.)
3. Press ENTER.

The condition is included in the claim.

20.1 Indicator Primary Condition

A condition code can be entered in the Body Part field when you make a claim. If you include this information, a fund may store the data in the member's file. Contact the member's fund to find out if the information is compulsory.

For instructions on how to include the condition as a Body Part – see the User Guide.

Indicator	Diagnostic Intervention
1	Cognition – Disorders of intellectual/cognitive skills which are acquired or developmental in origin. Note: Excludes issues relating to content of thought or ideation such as cognitive beliefs or delusions.
2	Behaviour Issues – Disorders where the focus is on misconduct, overt behaviours and a-typical responses whether of acquired, developmental or affective origin. Note: Difficult to ascribe at time because "behaviour" is common to all disorders, but this is where the behaviour issue is primary
3	Adjustment – Disorders where the focus is on the individual's inability to manage life events or changed circumstances.
4	Head and Trunk Control – Motor, neuromuscular, perceptual and sensory functions that enable the functions of head control, sitting and rolling.
5	Upper Limb Function – Neuromuscular, musculoskeletal and perceptual functions that enable the functions of the upper limb (including reaching, grasping, releasing and manipulation).
6	Lower Limb Function – Neuromuscular, musculoskeletal and perceptual functions that enable the functions of the lower limb (including standing and gait).
7	Neuropathic Pain – Pain which is primarily neuropathic in origin. Note: Pain associated with other dysfunction is not included.
8	Respiratory Function – Issues relating to optimal ventilation and gas exchange and improved exercise capacity.
9	Cardiovascular Function – Maintaining or enhancing exercise tolerance.

Diagnostic Interventions

Indicator	Diagnostic Intervention
0	Interventions involving assessment, education or skills training for personal care and other activities of daily/independent living.
1	Interventions involving psycho-behavioural, psychosocial, cognitive or perceptual assessment, skills training or education.
2	Interventions involving an assistive or adaptive device, aid or equipment.
3	Interventions involving skills training in relation to learning, knowledge and cognition.
4	Interventions involving skills training in movement and body system functions.
5	Therapies using electro-physical agents.
6	Therapeutic interventions on musculo-skeletal system.
7	Interventions involving case management and liaison with family or other professionals.
8	Interventions involving vocational or occupational rehabilitation.
9	Specialised assessment

21. Appendix J: Optometry Item Codes

This list has been supplied by the Optometrists Association Australia.

For optometrists, this list has been loaded into HealthPoint. You may like to set the fees to reflect your organisation's fee structure.

The appearance of an item in this list in no way infers that that item will attract a rebate from the health funds. Also, the rebate on individual items may vary between different health funds.

For further information on these item codes please call the Optometrists Association Australia on Ph. 03 9663 6833.

Item	Abbreviated Description	Full Description
Spectacle Frame Design		
110	SPECTACL FRAMES	Spectacle Frames
120	REPL/REP FRAMES	Replacement Part/Repair to Frame
Single Vision Spectacle Lens Items		
211	SV STOCK LENS 1	Single Vision Stock Lens (Single)
212	SV STOCK LENS 2	Single Vision Stock Lens (Pair)
221	SV SPECWK LENS 1	Single Vision Specially Worked Lens (Single)
222	SV SPECWK LENS 2	Single Vision Specially Worked Lens (Pair)
225	SV STOCK GLASSES	Single Vision Stock Glasses
228	SV WORKED GLASSES	Single Vision Worked Glasses

Item	Abbreviated Description	Full Description
Bifocal Spectacle Lens Items		
311	BIFOCAL LENS 1	Bifocal Lens (Single)
312	BIFOCAL LENS 2	Bifocal Lens (Pair)
315	BIFOCAL GLASSES	Bifocal Glasses
Trifocal Spectacle Lens Items		
411	TRIFOCAL LENS 1	Trifocal Lens (Single)
412	TRIFOCAL LENS 2	Trifocal Lens (Pair)
415	TRIFOCAL GLASSES	Trifocal Glasses
Progressive Spectacle Lens Items		
511	PROGRESS LENS 1	Progressive Lens (Single)
512	PROGRESS LENS 2	Progressive Lens (Pair)
515	PROGRESS GLASSES	Progressive Glasses
Spectacle Lens Add-On Items		
611	HIGHINDEX MATL1	High Index Material (Single)
612	HIGHINDEX MATL2	High Index Material (Pair)
621	ASPHERIC DESGN1	Aspheric Design (Single)
622	ASPHERIC DESIGN (PAIR)	ASPHERIC DESGN2
Spectacle Lens Add-On Items (continued)		
631	LENS TINTING 1	Lens Tinting (Single)
632	LENS TINTING 2	Lens Tinting (Pair)
643	PHOTOCROMATIC1	Photochromatic Coating (Single)
644	PHOTOCROMATIC2	Photochromatic Coating (Pair)
651	HARD COATING 1	Hard Coating (Single)
652	HARD COATING 2	Hard Coating (Pair)
661	MULTICOATING 1	Multi/Anti-reflective Coating (Single)
662	MULTICOATING 2	Multi/Anti-reflective Coating (Pair)
671	UV COATING 1	UV Coating (Single)
672	UV COATING 2	UV Coating (Pair)
Low Vision Aid Items		
710	LOW VISION AIDS	Low Vision Aids
811	RGP SPHERIC 1	RGP contact lens (spherical) (single)
812	RGP SPHERIC 2	RGP contact lens (spherical) (pair)
821	RGP TORIC 1	RGP contact lens (toric) (single)
822	RGP TORIC 2	RGP contact lens (toric) (pair)
831	CONV SPHERIC 1	Conventional soft contact lens (spherical) (single)
832	CONV SPHERIC 2	Conventional soft contact lens (spherical) (pair)

Item	Abbreviated Description	Full Description
Low Vision Aid Items (continued)		
841	CONV TORIC 1	Conventional soft contact lens (toric) (single)
842	CONV TORIC 2	Conventional soft contact lens (toric) (pair)
851	DISOSBL SPHERIC 1	Disposable contact lens supply (spherical) 3 months or less (single)
852	DISPOSBL SPHER 2	Disposable contact lens supply (Toric) 3 months or less (single)
853	DISPOSBL TORIC 1	Disposable contact lens supply (Toric) 3 months or less (pair)
854	DISPOSBL TORIC 2	Disposable contact lens supply (Toric) 3 months or less (pair)
861	BIFOCAL CONTACT 1	Bifocal contact lens (non-disposable) (single)
862	BIFOCAL CONTACT 2	Bifocal contact lens (non-disposable) (pair)
871	OTHER CONTACT 1	Other contact lens (single)
872	OTHER CONTACT 2	Other contact lens (pair)
873	ORTHOK CONTACT 1	Orthokeratology Lens (Single)
874	ORTHOK CONTACT 2	Orthokeratology Lens (Pair)

22. Appendix K: Osteopathy Item Codes

For physiotherapists, this list has been loaded into HealthPoint. You may like to set the fees to reflect your organisation's fee structure.

The appearance of an item in this list in no way infers that that item will attract a rebate from the health funds. Also, the rebate on individual items may vary between different health funds.

Item	Abbreviated Description	Full Description
Standard Items		
1801	CONSULT/TREATMT	Consultation/treatment and supportive therapy
1802	STD CONSULT	Consultation/treatment and additional supportive therapy
1803	LONG CONSULT	Consultation/treatment and extended supportive therapy
1804	INITIAL CONSULT	Initial consultation examination treatment
Overseas Health Cover		
10966	CONSULT – 20 MINS	Osteopathy health service provided to a person by an eligible osteopath – 20 min duration

23. Appendix L: Physiotherapy Item Codes

For physiotherapists, this list has been loaded into HealthPoint. You may like to set the fees to reflect your organisation's fee structure.

The appearance of an item in this list in no way infers that that item will attract a rebate from the health funds. Also, the rebate on individual items may vary between different health funds.

Item	Abbreviated Description	Full Description
Physiotherapy Practice		
500	ASSMENT CONSULT	Assessment Consultation
505	SUB CONSULT	Subsequent Consultation
506	LONG CONS 2A	Long Subsequent Consult (2 Areas)
Hospital		
520	ASSMENT CONS HOS	Assessment Consultation
525	SUB CONS HOS	Subsequent Consultation
526	LONG CONS 2A	Long Subsequent Consult (2 Areas)
Home		
530	ASSMENT CONS HOM	Assessment Consultation
535	SUB CONSULT HOM	Subsequent Consultation
536	LONG HOM CONS 2A	Long Subsequent Consult (2 Areas)
Other		
560	GROUP CONS	Group Consultation
561	CLASS CONS	Class Consultation
570	LYMPHOEDEMA	Lymphoedema
582	NEURO REHAB	Neurological Rehabilitation
591	CUSTOM ORTHO/UL	Custom made orthosis (upper limb) Consultation
592	CUSTOM ORTHO/LL	Custom made orthosis (lower limb) Consultation
593	PELVIC FLR PHYS	Pelvic Floor Physiotherapy
595	ANTENATAL CLASS	Antenatal Exercise Class Consultation
596	POSTNATAL CLASS	Postnatal Exercise Class Consultation
Overseas Health Cover		
10960	CONSULT	Physiotherapy health service provided to a person by an eligible physiotherapist – 20-minute duration

24. Appendix M: Podiatry Item Codes

To assist you with building your claims, a list of agreed Service Codes will be downloaded to your terminal during the installation session.

For further information regarding the use of these codes, please contact your Podiatrist's Association. Please contact the HealthPoint Helpdesk should you have any problems - 1300 301 692.

Item	Abbreviated Description	Full Description
General Podiatric Services Consultations – New Patient		
002	INITCONS INTRMD	Intermediate Service (30 minutes)
004	INITCONS COMP	Comprehensive Service (45 minutes)
005	INIT CONS COMP LLD	ComprehensiveService LL Diabetic Complications (45 minutes)
General Podiatric Services Consultations – Established Patient		
010	BRIEF CONSULT	Brief Service (< 20 minutes)
012	INTRMD CONSULT	Intermediate Service (20 minutes)
014	COMP CONSULT	Comprehensive Service (30 minutes)
General Podiatric Services Consultations – Established Patient (continued)		
015	ACUTE SER LLD	Acute LL Diabetic related injury
016	MGT SERVICE LLD	Mgt of LL Diabetic related complications
Podiatric Diagnostic Services Vascular Studies		
101	REG PLETHYSMOGRAPH	Plethysmography, regional
104	PERIPHERAL FLOW	Peripheral Flow Study (including Doppler)
Biomechanical Examination		
111	MUSCLE TESTING	Muscle Testing
114	MOTION STUDY	Range of motion study and measurements
115	GAIT ANLYSIS COMPT	Computerised gait analysis
116	GAIT ANLYSIS VIDEO	Treadmill and Video gait analysis
117	GAIT ANLYSIS VISUAL	Visual gait analysis
118	BIOMECH ASSESSMT	Biomechanical Assessment (includes 111, 114, 117)
Other		
163	RADIOL ASSESSMT	Radiological Interpretation and discussion
Physical Therapy		
121	HOT/COLD THERAPY	Hot/Cold Therapy
142	NEUROMSCLR REEDUC	Neuromuscular re-education
145	ELECTRO THERAPY	Electrophysical therapy
147	MANIP MOBILIS	Manipulation/Mobilisation
148	MASSAGE	Massage
361	STRAP-TAPE	Strapping/Taping
Orthomechanical Services and Procedures Impressions and Modules		
301	FOOT NEG CAST	Negative cast/impression of the foot
302	FOOT POS CAST	Positive cast/model of the foot
303	FOOT-LEG NEG CAST	Negative cast/impression of the foot and leg
304	FOOT-LEG NEG CAST	Negcast/impression of the foot and leg – NWB
305	FOOT-LEG POS CAST	Positive cast/model of the foot and leg

Item	Abbreviated Description	Full Description
Prescription Orthoses		
201	ANKLE FOOT ORTHOSIS	Ankle-Foot Orthosis
211	ORTHODIGITALTRACT	Orthodigital traction device
221	ORTHOTIC	Custom Kinetic Orthosis (Functional Foot Orthosis)
223	ORTHOTIC	Custom Orthotic made using technology such as a 3D printer
227	HEEL STABILISER	Heel stabiliser, made to plaster model
261	CUSHION ORTHOSIS	Cushioning Orthosis
Prescription Orthoses (continued)		
263	PRESSURE ORTHOSIS	Pressure Relief Orthosis
265	MOULDCST ORTHOSIS	Moulded Cast Orthosis
267	THERMOPLAST ORTH	Moulded Non-cast Orthosis
269	HEEL LIFT	Heel lift
271	SHOE PADDING	Interior shoe padding
341	PROTECTIVE DEVICE	Protective device
344	NAIL BRACE	Nail Brace – Customised
Orthoses Modification Repairs		
229	HEEL STABILISER	Heel stabiliser
240	PREFORM ORTHOTIC	Pre-Moulded or Pre-Formed Orthosis
Orthoses Modification Repairs		
231	ORTHOTIC	Orthosis repair
233	ORTHOSIS MOD	Orthosis post-functional, forefoot or rearfoot
381	ORTHOSIS PLN	Orthosis cover – plain
383	ORTHOSIS SUP	Orthosis cover – with soft tissue supplement
385	ORTHOSIS POST	Orthosis Post, extrinsic – forefoot or rearfoot
Prosthetic Devices		
351	PROSTHESIS	Digital or partial foot prosthesis
Splints		
281	BROWNE SPLINT	Dennis Browne splint
282	GANLEY SPLINT	Ganley splint
283	COUNTER ROTAT SYS	Counter Rotation system
284	SHOE CORRECT INFT	Correction shoe - infant foot deformity
Splints (continued)		
311	SPLINT BELOW KNEE	Immobilisation splint; below knee
312	SPLINT ANKLE-FOOT	Immobilisation splint; ankle/foot
315	SPLINT ABOVE KNEE	Immobilisation splint; above knee
331	TRACTION DEVICE	Traction and Training devices

Item	Abbreviated Description	Full Description
Footwear		
605	CUSTOM FOOTWEAR	Custom Footwear
618	NONCUSTOM FOOTWEAR	Depth Width Footwear, non-custom
Podiatric Surgery		
119	ASSESSMENT	Surgical Assessment
421	INCISION/DRAINAGE	Incision and drainage of infected or non infected lesion
438	DEBRIDEMENT	Debridement of post op wound
Podiatric Surgery (continued)		
440	AVULSION	Avulsion of toenail
445	EXCISION	Excision, benign lesion
474	EXCISION NAIL PART	Excision nail and or matrix, partial for permanent removal
475	EXCISION NAIL COMP	Excision nail and or matrix, complete for permanent removal
476	EXCISE/CORRECT	Excision or plastic correction of peri-ungal tissue
492	LINEAR REPAIR	Linear Repair
541	LESION CAUTERY	Cautery of lesion or verrucae
546	NAIL PART	Partial nail root & matrix resection & sterilsation
547	NAIL RESECT TOTAL	Total nail root & matrix resection & sterilisation
548	NAIL RESECT EACH ADD	Nail and root matrix resection with matrix sterilisation – each additional edge
561	INCISION ABCESS	Incision of soft tissue abscess (superficial)
Other Procedures		
401	SPECIMEN COLLECT	Laboratory Specimen Collection
404	EXT TELE CONSULT	Extended telephone consultation
405	AFTER HRS CONSULT	Consultation outside normal practice hours
411	MED-SURG SUPPLIES	Medical/surgical supplies (eg: dressings)
412	WRITTEN REPORT	Written podiatric report
413	THEATRE FEE	Theatre Fee
414	POSTOP EQUIPMENT	Post-operative equipment
985	UNLISTED SERVCE	Unlisted podiatry service or procedure
Overseas Health Cover		
10962	CONSULT 20 MINS	Podiatry health service provided to a person by an eligible podiatrist – 20 min duration

25. Appendix N: Psychology Item Codes

To assist you with building your claims, a list of agreed Service Codes will be downloaded to your terminal during the installation session.

For further information regarding the use of these codes, please contact your Psychologist's Association. Please contact the HealthPoint Helpdesk should you have any problems - 1300 301 692.

Item	Abbreviated Description	Full Description
Standard Items		
100	INDIVIDUAL ASSESS	Individual Assessment
200	INDIVIDUAL TRMT	Individual Treatment/Management
300	COUPLE/FAMILY TRMT	Couple or Family Therapy
400	GROUP TREATMENT	Group Treatment
Overseas Health Cover		
10958	STD CONSULT	Psychology health service provided to a person by an eligible psychologist.
80000	CONS 31–50MIN	Professional attendance for the purpose of providing psychological assessment and therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting more than 30 minutes but less than 50 minutes
80005	EXTERNAL VISIT	Professional attendance at a place other than consulting rooms as per requirements for item 80000
80010	CONS 50 MIN PLUS	Professional attendance for the purpose of providing psychological assessment and therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting at least 50 minutes
80015	EXTERNAL VISIT	Professional attendance at a place other than consulting rooms as per requirements for item 80010
80020	THERAPY 60 MINS PLUS	Professional attendance for the purpose of providing psychological therapy for a mental disorder by a clinical psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting for at least 60 minutes

Item	Abbreviated Description	Full Description
80100	FOC 21–50 MINS	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service – lasting more than 20 minutes, but not more than 50 minutes
Overseas Health Cover (continued)		
80105	EXTERNAL VISIT	Professional attendance at a place other than consulting rooms as per requirements for item 80100
80110	FOC 50 MIN PLUS	Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service – lasting more than 50 minutes
80115	EXTERNAL VISIT	Professional attendance at a place other than consulting rooms as per requirements for item 80110
80120	GRP FOC 60 PLUS MIN	Group Service-Professional attendance for the purpose of providing focussed psychological strategies services for an assessed mental disorder by a psychologist registered with Medicare Australia as meeting the credentialing requirements for provision of this service, lasting for at least 60 minutes duration

25.1 Primary Condition

It is not necessary to include the primary condition indicator in a claim. If you want to include the primary condition indicator, it can be entered into the BODY PART field as you make the claim.

If you do include this information, the fund may store it in the member's file. Contact the member's fund to find out if this information is compulsory.

To include the code:

1. From the ADD SERVICE Screen, press 5 BODY PART.
2. Enter the condition code information (e.g. for services dealing with Cognition, enter 10.)
3. Press ENTER.

👍 The condition is included in the claim.

A primary condition can be entered in the Body Part field when you make a claim. If you include this information, a fund may store the data in the member's file. Contact the member's fund to find out if the information is compulsory.

For instructions on how to include the condition as a Body Part – see the User Guide.

Indicator	Diagnostic Intervention
10	Cognition
20	Relationships
30	Behavioural Issues – Conduct
40	Behavioural Issus – Thought/Perception Disturbance
50	Adjustment
60	Affect
70	Other Psychosocial Factors not otherwise specified

26. Appendix O: Remedial Massage Therapist Item Codes

To assist you with building your claims, a list of agreed Service Codes will be downloaded to your terminal during the installation session.

Item	Abbreviated Description	Full Description
105	INITIAL CONS	Initial Consultation
205	STANDARD CONS	Standard Consultation

27. Appendix P: Speech Pathologists Item Codes

To assist you with building your claims, a list of agreed Service Codes will be downloaded to your terminal during the installation session.

Item	Abbreviated Description	Full Description
310	INITIALTO 45 MINS	Initial Individual consultation/assessment up to 45 minutes
320	INITIAL46 - 90 MINS	Initial individual consultation/assessment 46 – 90 minutes
330	INITIALOVER 90 MINS	Initial individual consultation/assessment over 90 minutes
340	SUBS TO 45 MINS	Subsequent individual consultation/assessment/ treatment up to 45 minutes
350	SUBS 46 TO 90 MINS	Subsequent individual consultation/assessment/ treatment up to 46 – 90 minutes
360	SUBS OVER 90 MINS	Subsequent individual consultation/assessment/ treatment over 90 minutes
370	GROUP TO 45	Group treatment up to 45 minutes
380	GROUP 46 – 90 MINS	Group treatment 46 – 90 minutes
390	GROUP OVER 90 MINS	Group treatment over 90 minutes
Overseas Health Cover		
10970	CONSULT 20 MINS	Speech pathology health service provided to a person by an eligible speech pathologist - 20 min duration

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