



Effective 1 May 2017

GapCover

PROVIDER GUIDE →

medibank
For Better Health



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

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

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



Contents



- 4 Advantages of the GapCover Scheme
- 5 Faster claiming through Eclipse
- 6 Our GapCover Scheme
 - How does GapCover work?
 - Schedule of Benefits
 - Known Gap
 - Informed Financial Consent
 - Terms and Conditions
- 8 Becoming a participant
- 8 Payment of benefits
- 11 How to submit Claims for Medibank Private Policyholders
- 13 How to submit Claims for ahm Policyholders
- 15 Receiving payments
- 16 Account rejections
- 17 Review of payment
- 19 Frequently asked questions
- 21 Rejection codes

Advantages of the GapCover Scheme

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



Faster claiming through Eclipse

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

THE BENEFITS OF ECLIPSE

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

BECOME AN ECLIPSE USER

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

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

Our GapCover Scheme

HOW DOES GAPCOVER WORK?

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

SCHEDULE OF BENEFITS

The GapCover Schedule of Benefits shows the amount we will pay for a particular service under our GapCover scheme. The amounts shown in the Schedule include the MBS fee plus the additional amount that we pay for a particular service. The current GapCover Schedule of Benefits can be downloaded from:

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

The Schedule of Benefits is indexed in line with the MBS, unless otherwise advised.

KNOWN GAP

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

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

INFORMED FINANCIAL CONSENT (IFC)

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

TERMS AND CONDITIONS

Updated terms and conditions for Medibank and ahm GapCover providers are available to download from medibank.com.au/providers or ahm.com.au/providers

EXAMPLE 1

Doctor's total charge		\$800
GapCover Schedule fee (the higher fee that we will pay up to for all items covered by the GapCover scheme)		\$600
MBS fee for all items		\$400
MEDICARE PAYS	FUND PAYS	MEMBER PAYS
\$300 (75% of the MBS fee)	\$100 (25% of the MBS fee) + \$200 (the difference between the MBS Schedule fee and the GapCover Schedule fee)	\$200 (the difference between the GapCover Schedule fee and the Doctor's charge)

In this case, Medicare will pay 75% of the \$400 MBS fee. The fund will pay the remaining 25% of the MBS fee plus an extra \$200 up to the GapCover Schedule fee of \$600. The out-of-pocket cost for the member is \$200. This treatment can be covered under the GapCover scheme because the doctor has charged the agreed GapCover fee and the out-of-pocket for the member is less than \$500 per claiming provider.

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

EXAMPLE 2

Doctor's total charge		\$1,200
GapCover Schedule fee (the higher fee that we will pay up to for all items covered by the GapCover scheme)		\$600
MBS fee for all items		\$400
MEDICARE PAYS	FUND PAYS	MEMBER PAYS
\$300 (75% of the MBS fee)	\$100 (25% of the MBS fee)	\$800 (the difference between the MBS fee and the Doctor's charge)

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

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

Becoming a participant in the GapCover scheme

To join the GapCover scheme, simply fill out the GapCover Application and Change of Details form available at medibank.com.au/providers or ahm.com.au/providers and return by fax to (03) 8456 6250 or email medical_ancillary_providers@medibank.com.au



Payment of benefits

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

ELIGIBILITY CHECKING

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

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

Payment of benefits continued

HOW TO CHECK PATIENT ELIGIBILITY FOR MEDIBANK PRIVATE POLICY HOLDERS;

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

- a) Select 1 to be connected to the automated patient eligibility enquiry service.
- b) Enter the access code 540 300.
- c) Enter the patient's Medibank Private membership number and the patient's date of birth to complete the eligibility check.
- d) The IVR instructions will guide you through the process and if necessary, transfer you to one of our staff.

ELIGIBLE HOSPITAL COVERS

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

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

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

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

HOW TO CHECK PATIENT ELIGIBILITY FOR ahm Health Insurance MEMBERS;

- 1** Use Eclipse Online Patient Verification (OPV) to check that the patient is a valid Medicare card holder or health fund member; and/or
- 2** Call ahm on 134 246. You will be connected to a Customer Service Officer. Ensure you have their ahm member number and the patient's date of birth to complete the eligibility check.

ELIGIBLE HOSPITAL COVERS

Most ahm Hospital covers provide benefits for medical services which are eligible for GapCover benefits. However, ahm OSHC members are not eligible for GapCover benefits. Likewise, members with Extras only cover and/or Ambulance only cover are not eligible for GapCover benefits. If the member is not eligible please bill the patient directly (benefits may or may not be payable through Medicare).

HOW TO BILL

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

BILLING OPTIONS

There are two ways you can submit GapCover accounts:

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

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

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

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

- 1** Provide necessary account information
- 2** Use the GapCover batch header appropriate to the member's policy
- 3** Send your accounts to either Medibank or ahm

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

How to Submit Claims for Medibank Private Policyholders

1. ACCOUNT INFORMATION

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

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

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

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

2. BATCH HEADER

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

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

How to Submit Claims for ahm Health Insurance Policyholders

1. ACCOUNT INFORMATION

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

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

The following details must be included on your accounts:

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

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

2. BATCH HEADER

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

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

Receiving payments

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

ELECTRONIC FUNDS TRANSFER (EFT) PAYMENTS

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

STATEMENT OF BENEFIT / REMITTANCE ADVICE

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

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

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

Account rejections

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

Examples of when an account would be rejected are:

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

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

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

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

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

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

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

Review of payment

– overpayments/underpayments/non-payment

MEDIBANK PRIVATE

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

ahm Health Insurance

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



Frequently asked questions

ITEM NUMBERS AND PROVIDER FEES

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

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

Does it matter in what order I bill anaesthetic items?

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

How do I work out a derived fee for GapCover?

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

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

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

ASSISTANT FEES AND BILLING

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

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

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

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

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

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

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

OTHER QUESTIONS

What referring provider details do I need to include?

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

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

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

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

Why is the Batch Header required?

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

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

Rejection codes

MEDICARE AUSTRALIA ASSESSMENT/REJECTION CODE EXPLANATIONS

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

Rejection codes continued

MEDICARE AUSTRALIA ASSESSMENT/REJECTION CODE EXPLANATIONS

<p>280 Cannot identify service. Resubmit with correct MBS item</p> <p>309 Referral issue date must be supplied, and must be prior to, or the same as, the date of the medical service, cannot be before the date of birth, nor after the referral start date</p> <p>311 Request issue date must be supplied, and must be prior to, or the same as, the date of the medical service and cannot be before the date of birth</p> <p>316 Benefit not payable - item cannot be self-determined</p> <p>316 The referring/requesting provider cannot be the servicing or principal provider</p> <p>333 Provider must claim time-based items</p> <p>338 Provider not registered to claim benefit at date of service</p> <p>350 Hospital referral - paid at specialist/consultant rate</p> <p>353 Pathology items not present - no benefit payable</p> <p>360 No benefit payable when requested by this provider</p> <p>375 All vouchers within the claim must have the same service type code</p> <p>378 Provider cannot refer/request service at date of request</p> <p>400 Equipment number missing or invalid</p> <p>401 Benefit not payable - charge amount missing or invalid</p> <p>402 Benefit not payable- number of patients attended required</p> <p>404 Benefit not payable - referral/request details required</p> <p>405 Equipment number invalid for servicing provider</p> <p>406 Unable to assess claim - please forward documents</p> <p>410 Age restriction applies for this item - verify details</p> <p>411 MBAC determination/precedent number not supplied or invalid</p> <p>412 Benefit not payable - provider unable to claim this service</p> <p>414 Provider practice location is closed at date of service</p> <p>416 Services form a composite item - composite item required</p>	<p>421 Wrong assistant item used for the operation/s performed</p> <p>429 Patient cannot be identified from the information supplied</p> <p>430 Conflicting referral details - please clarify</p> <p>432 Not multi-op - more information required to pay benefit</p> <p>436 Cannot claim out of hospital service through simplified bill</p> <p>475 Patient/service details invalid or missing</p> <p>500 Rejected in association with another item in this claim</p> <p>501 Group attendance or item format invalid</p> <p>501 A submission response report is available</p> <p>504 Charge amount missing/invalid - no benefit payable</p> <p>507 Site not accredited for this service</p> <p>514 Required equipment type code not on lispn register</p> <p>516 Ben paid for base and derived radiotherapy items claimed</p> <p>525 Only attracts benefit when claimed via bulk billing</p> <p>536 Location specific practice number not supplied</p> <p>537 Location specific practice number invalid</p> <p>538 Location specific practice number not recognised</p> <p>539 Location specific practice number not valid at date of serv</p> <p>550 Associated service not claimed - no benefit payable</p> <p>554 Total benefit for anaesthetic service</p> <p>555 Benefit paid on main RVG anaesthetic item</p> <p>556 RVG time item not claimed</p> <p>557 Associated RVG anaesthetic service not claimed</p> <p>558 RVG anaesthetic item not claimed</p> <p>559 Patient outside age range - please verify age</p> <p>560 RVG item restriction</p> <p>561 Benefit paid on RVG item claimed</p> <p>562 Benefit paid on associated RVG anaesthetic item</p> <p>563 Associated RVG service already paid</p>
--	--

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

Rejection codes continued

MEDIBANK PRIVATE ASSESSMENT/REJECTION CODE EXPLANATIONS

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

ahm ASSESSMENT/REJECTION CODE EXPLANATIONS

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



Enquiries and further information



WEBSITE

medibank.com.au provides:

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

PHONE

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

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

WEBSITE

ahm.com.au provides:

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



PHONE

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

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

Medibank Private Limited ABN 47 080 890 259

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