

## Changes to how claims are processed:

We've contacted you recently to inform you of changes that will improve the accuracy of how claims are processed. This will help prevent incorrect payment of Dental, Medical & Hospital benefits.

### Affected Dental claims

Dental item numbers are codes assigned to dental items or clinical procedures by the Australian Dental Association (ADA). The [ADA Schedule](#) is used to guide the way we pay claims and outlines that some dental item numbers shouldn't be charged following others. Below is a list of the item numbers impacted.

ADA Dental Rule	Dental Rule Information
Members cannot claim on 111, 114, 115, 222 if a claim for item 251 for the same date of service and same provider has been claimed.	We won't pay claims for multiple periodontal services on the same day.
Cannot claim items 071, 111, 113, 114, 115, 116, 117, 121, 123, 151, 153, 161, 165, 381, 382, 384, 385, 386, 387, 388, 411, 412, 414, 415, 416, 417, 418, 419, 421, 431, 432, 434, 436, 437, 438, 445, 451, 452, 453, 455, 457, 458, 511, 512, 513, 514, 515, 521, 522, 523, 524, 525, 526, 531, 532, 533, 534, 535, 536, 541, 542, 543, 544, 545, 551, 552, 553, 554, 555, 556, 572, 574, 575, 577, 578, 579, 586, 587, 588, 595, 596, 597, 611, 613, 615, 618, 625, 627, 629, 631, 632, 633, 634, 642, 643, 644, 645, 649, 651, 652, 653, 655, 656, 658, 659, 661, 663, 664, 665, 666, 667, 668, 669, 671, 672, 673, 678, 679, 684, 688, 689, 690, 691, 721, 722, 723, 724, 727, 728, 731, 732, 733, 734, 744, 746, 752, 764, 768, 811, 821, 823, 824, 825, 829, 831, 833, 841, 842, 843, 845, 846, 851, 862, 871, 872, 873, 874, 875, 876, 877, 878, 881 when items 715 or 719 have been claimed previously	We won't pay claims for listed services when a previous claim has been submitted for complete dentures.
Members cannot claim item 011 when the same item has been paid previously within a	We won't pay claims for a comprehensive oral examination within 6 months of the same service with the same provider.

<p>6-month period for the same member from the same provider.</p>	
<p>Members cannot claim item 012, 013, 014, 015, 016, 017 on the same date of service from the same provider for the same member when item 011 has also been claimed.</p>	<p>We won't pay claims for periodic or limited oral examinations on the same date of service with the same provider when a comprehensive oral examination has been claimed.</p>
<p>Members cannot claim item 013, 014, 015, 016, 017 on the same date of service from the same provider for the same member when item 012 has also been claimed.</p>	<p>We won't pay claims for consultations or limited oral examinations when a periodic oral examination has been claimed as these are included in the oral examination.</p>
<p>Members cannot claim item 961 on the same date of service from the same provider for the same member when item 968 has been claimed.</p>	<p>We won't pay claims for a minor occlusal adjustment on the same date of service from the same provider as an occlusal adjustment following occlusal analysis.</p>
<p>Members cannot claim item 111, 115 on the same date of service for the same provider for the same member when item 114 has been claimed.</p>	<p>We won't pay claims for the removal of plaque from the surfaces of all teeth or for the removal of calculus first appointment at the same date of service from the same provider for the same member as the removal of calculus subsequent appointment.</p>
<p>Members cannot claim items 011, 012, 013, 014, 015, 016, 017, 111, 113 more than once in the same consultation.</p>	<p>We won't pay claims for more than 1 oral examination or consultation with a provider in the same consultation.</p>
<p>Members cannot claim on 116, 117, 161, 578 if 311, 322,323, 324 have been previously or are being claimed for the same date of service and on the same tooth ID.</p>	<p>We won't pay claims for services relating to cleaning, sealing or tooth restoration, if the same tooth ID has previously been billed as an extraction.</p>
<p>Members cannot claim on items 511, 512, 513, 514, 515, 522, 523, 524, 526, 532, 533, 534, 535, 536, 541, 542, 543, 544, 545, 551,</p>	<p>We won't pay claims for metallic or adhesive restorations on the same tooth ID when an extraction has been billed previously.</p>

<p>552, 553, 554, 555, 556, 574, 575, 577, 578, 579, 525 when items 311, 322, 323, 324 have been previously or are being claimed for the same date of service and on the same tooth ID.</p>	
<p>Members cannot claim on items 231 or 232 when item 222 is being claimed for the same date of service and on the same tooth ID.</p>	<p>We won't pay claims for a gingivectomy per tooth or a periodontal flap surgery per tooth, when a periodontal debridement has been claimed for the same tooth ID on the same date of service.</p>
<p>Members cannot claim on item 242 when items 222, 232, 233 are being claimed for the same date of service and on the same tooth ID.</p>	<p>We won't pay claims for osseous surgery per tooth or implant when a periodontal debridement, periodontal flap surgery or surgical treatment of peri-implant disease are being claimed for the same date of service and on the same tooth ID.</p>
<p>Members cannot claim on item 455 when items 415 or 417 are being claimed for the same date of service on the same tooth ID.</p>	<p>We won't pay claims for an additional visit for root canal treatment at the same consultation as the preparation for root canal treatment.</p>
<p>Members cannot claim on 311, 322, 323, 324, 411, 412, 414, 415, 416, 417, 418, 419, 421, 431, 432, 434, 436, 437, 445, 451, 452, 453, 455, 457, 458, 511, 512, 513, 514, 515, 521, 522, 523, 524, 525, 526, 531, 532, 533, 534, 535, 536, 541, 542, 543, 544, 545, 551, 552, 553, 554, 555, 556, 572, 574, 575, 577, 579, 586, 587, 588, 595, 596, 597, 611, 613, 615, 618, 625, 627, 629, 631, 116, 117, 161 if items 322, 323, 324 have been previously claimed for the same tooth ID.</p>	<p>We won't pay claims for services relating to fillings, extractions, root canal or crowns on a tooth ID that has been billed previously as an extraction.</p>
<p>Members cannot claim on 414, 415, 416, 417, 418 if item 412 has been previously claimed for the same tooth ID.</p>	<p>When a member has claimed item 412, incomplete endodontic treatment where the tooth is no longer suitable for restoration, then we won't pay claims for endodontic treatment items on same tooth ID.</p>
<p>Members cannot claim on 511, 512, 513, 514, 515, 522, 523, 524, 525, 526, 532, 533, 534, 535, 536, 541, 542, 543, 544, 545, 551,</p>	<p>When a member has claimed items 642 and 643, which are for a bridge, then we won't pay claims</p>

<p>552, 553, 554, 555, 556, 572, 574, 575, 577, 578, 579, 586, 587, 588, 595, 596, 597 if items 642, 643 have been previously claimed for the same tooth ID.</p>	<p>for items relating to fillings or tooth restorations for the same tooth ID.</p>
<p>Members cannot claim on 511, 512, 513, 514, 515, 522, 523, 524, 525, 526, 532, 533, 534, 535, 536, 541, 542, 543, 544, 545, 551, 552, 553, 554, 555, 556, 572, 574, 575, 577, 578, 579, 586, 587, 588, 595, 596, 597, 611, 613, 615, 618 if items 661, 663, 664, 665, 666, 667, 668, 669, 671, 672, 673, 678, 679, 684, 688, 689, 690, 691 have been previously claimed for the same tooth ID.</p>	<p>When a member has previously claimed items relating to a crown, bridge, or denture, then we won't pay claims for future restorations or fillings on the same tooth ID.</p>
<p>Members cannot claim on 161, 116, 117, 123, 171, 222, 223, 231, 232, 233, 235, 236, 238, 242, 243, 245, 314, 322, 323, 324, 381, 384, 385, 386, 387, 412, 437, 455, 458, 572, 611, 613, 615, 618, 627, 631, 633, 634, 649, 651, 655, 669, 671, 672, 673, 684, 688, 691, 733, 731, 736, 981, 652 more than once on the same date of service for the same tooth ID.</p>	<p>We won't pay claims for multiple of the same service on the same tooth ID on the same date of service.</p>
<p>Members cannot claim 415 more than once on the same tooth ID on the same date of service.</p>	<p>We won't pay claims for more than one preparation of a root canal on the same tooth on the same date of service.</p>
<p>Members cannot claim on 123 if items 311, 322, 323, 324 have been previously claimed for the same tooth ID.</p>	<p>When a member has claimed items 311, 322, 323 or 324, which are for extractions of a tooth, then we won't pay claims for item 123, which is for detailed fluoride treatment, for the same tooth ID.</p>
<p>Members can only claim on items 521, 522, 523, 524, 525 or 526 for tooth id's 11, 12, 13, 21, 22, 23, 31, 32, 33, 41, 42, 43, 51, 52, 53, 61, 62, 63, 71, 72, 73, 81, 82, 83</p>	<p>Members are only able to claim items for anterior teeth on corresponding tooth IDs.</p>
<p>Members can only claim on items 531, 532, 533, 534, 535 or 536 on tooth id's 14, 15, 16, 17, 18, 24, 25, 26, 27, 28, 34, 35, 36, 37, 38,</p>	<p>Members are only able to claim items for posterior teeth on corresponding tooth IDs.</p>

44, 45, 46, 47, 48, 54, 55, 64, 65, 74, 75, 84, 85	
Members cannot claim on 123, 161, 222, 511, 512, 513, 514, 515, 521, 522, 523, 524, 525, 526, 531, 532, 533, 534, 535, 536, 541, 542, 543, 544, 545, 551, 552, 553, 554, 555, 556, 611, 613, 615, 618, 625, 627, 629, 631 if claimed on tooth IDs 18, 17, 16, 15, 14, 13, 12, 11, 21, 22, 23, 24, 25, 26, 27, 28 and items 711, 713 have been previously paid.	When a member has previously claimed items relating to a complete denture then we won't pay claims for fluoride treatment, restorations, fillings, or crowns for the same tooth ID.
Members cannot claim on 123, 161, 222, 511, 512, 513, 514, 515, 521, 522, 523, 524, 525, 526, 531, 532, 533, 534, 535, 536, 541, 542, 543, 544, 545, 551, 552, 553, 554, 555, 556, 611, 613, 615, 618, 625, 627, 629, 631 if claimed on tooth ID's 38, 37, 36, 35, 34, 33, 32, 31, 41, 42, 43, 44, 45, 46, 47, 48 and items 712, 714 have been previously paid.	When a member has previously claimed items relating to a complete denture then we won't pay claims for fluoride treatment, restorations, fillings, or crowns for the same tooth ID.

For a full description of each of the item numbers listed above, visit the Australian Dental Association (ADA) website [here](#).

## Affected Medical claims

The Medicare Benefit Schedule is used to guide the way we pay claims and outlines that some Medical item numbers shouldn't be charged following others. Below is a list of the item numbers impacted.

Medical Rule	Medical Rule Information
Members cannot claim on item 00272, 00276, 00281, 00282, 02700, 02701, 02715 or 02717 if a previous benefit for one of the items has been claimed in the last 12 months.	When a member has previously claimed items relating to the creation of a GP Plan, then we won't pay claims for the creation of a plan within the next 12 months from the date of service.
Members cannot claim on item 16406 within 6 months of a previous claim for the same item.	We won't pay claims for an initial antenatal professional attendance more than once per pregnancy.
Member cannot claim on item 00277 or 02712 if a previous benefit for item 00272, 00276, 00281, 00282, 02700, 02701, 02715	We won't pay claims for items relating to the review of a GP Plan if there is a claim for the creation of a GP Plan in the previous month.

or 02717 has been claimed in the previous month.	
Member cannot claim on item 00277 or 02712 if item 00277 or 02712 has been claimed in the previous 3 months.	We won't pay claims for items relating to the review of a GP Plan if there is a claim for the review of a GP Plan in the previous 3 months.
Member cannot claim on item 02507, 02504, 02501 if item 02497, 02498, 02499, 02500, 02501, 02502, 02503, 02504, 02505, 02506, 02507, 02508, 02509, 02598, 02599, 02600, 02601, 02602, 02603, 02604, 02605, 02606, 02607, 02608, 02609, 02610, 02611, 02612, 02613, 02614, 02615, 02616, 73070, 73071, 73072, 73073, 73074, 73075 or 73076 has been claimed in the previous 48 months.	We won't pay claims for items relating to cervical screening if items relating to a cervical screen have been claimed in the previous 4 years.
Member cannot claim on item 00003, 00004, 00023, 00024, 00036, 00037, 00044, 00047, 00052, 00053, 00054, 00057, 00058, 00059, 00060, 00065, 00179, 00181, 00185, 00187, 00189, 00191, 00203, 00206, 00585, 00588, 00591, 00594, 00599, 00600, 00733, 00737, 00741, 00745, 00761, 00763, 00766, 00769, 05000, 05003, 05020, 05023, 05040, 05043, 05060, 05063, 05200, 05203, 05207, 05208, 05220, 05223, 05227 or 05228 if item 00229, 00230, 00233, 00721, 00723 or 00732 has been claimed for the same customer on the same date of service and with the same provider.	We won't pay claims for a GP consult on the same day and with the same provider as a creation of a GP Plan.
Member cannot claim on MBS items 10990, 10991, 10992 when a customer is over the age of 16 at the date of service.	When a member is over the age of 16 these MBS items are unable to be claimed.
Member cannot claim on MBS items 90035, 90020, 05010 as aged care is not covered by policy.	We won't pay claims for MBS items that relating to treatment for an aged care service, as this is not covered by the health insurance policy.
Member cannot claim for an MBS item when a service is provided by a GP, and they have a Medicare card number when submitted.	We won't pay claims for benefits from Private Health Insurance for services provided by a GP when claimable through Medicare.

<p>Member cannot claim on item 00283, 00285, 00286, 00287, 00371, 00372, 02721, 02723, 02725, 02727, 02729, 02731, 80000, 80001, 80005, 80010, 80011, 80015, 80100, 80101, 80105, 80110, 80111, 80115, 80125, 80126, 80130, 80135, 80136, 80140, 80150, 80151, 80155 or 80165 when the same item is claimed more than 10 times in a calendar year.</p>	<p>These MBS item numbers have criteria applied to them that prevents more than 10 services being claimed in a calendar year.</p>
<p>Member cannot claim on item 10951 – 10970 if the item has been paid more than 5 times in the calendar year.</p>	<p>These MBS item numbers have criteria applied to them that prevents more than 5 services being claimed in a calendar year.</p>
<p>Member cannot claim on item 00283, 00285, 00286, 00287, 00371, 00372, 02721, 02723, 02725, 02727, 02729, 02731, 80000, 80001, 80005, 80010, 80011, 80015, 80100, 80101, 80105, 80110, 80111, 80115, 80125, 80126, 80130, 80135, 80136, 80140, 80150, 80151, 80155, 80165 when no claim has been made on items 02700, 02701, 02715 or 02717 for the customer in the previous 12 months.</p>	<p>The MBS schedule states that to be eligible to claim for one of the item numbers identified in this list, there needs to have been a previous claim for a specific item number to create a plan.</p>
<p>Member cannot claim on MBS items 10951 – 10970 where item 00721 or 00723 has not been claimed in the previous 12 months.</p>	<p>The MBS schedule states that to be eligible to claim for one of the item numbers identified in this list, there needs to have been a previous claim for a specific item number to create a plan.</p>
<p>Member cannot claim on item 00229 or 00721 if a previous claim for one of these items has been made in the last 12 months.</p>	<p>The MBS schedule states that these item numbers can only be claimed once in a 12-month period, as such these claims will be declined if a benefit has been paid within this time period.</p>
<p>Member cannot claim on item 00230 or 00723 if a previous claim for one of these items has been made in the last 12 months.</p>	<p>The MBS schedule states that these item numbers can only be claimed once in a 12-month period, as such these claims will be declined if a benefit has been paid within this time period.</p>
<p>Member cannot claim on item 00233 or 00732 if a previous claim for one of these items has been made in the last 3 months.</p>	<p>The MBS schedule states that these item numbers can only be claimed once in a 12-month period, as such these claims will be declined if a benefit has been paid within this time period.</p>

Member cannot claim on items 66655, 66659 or 69491 if a previous claim for one of these items has been made in the last 12 months.	The MBS schedule states that these item numbers can only be claimed once in a 12-month period, as such these claims will be declined if a benefit has been paid within this time period.
Member cannot claim on items 69336, 69339 or 69345 if a previous claim for one of these items has been made in the previous 7 days.	The MBS schedule states that these item numbers can only be claimed once in a 7-day period, as such these claims will be declined if a benefit has been paid within this time period.
Member cannot claim on item 73070 if a previous claim for this item has been made in the previous 57 months.	The MBS schedule states that these item numbers can only be claimed once in a 57-month period, as such these claims will be declined if a benefit has been paid within this time period.

For a full description of each of the item numbers listed above, visit the Medicare Benefits Schedule website [here](#).

## Affected Hospital services

There are certain Hospital services that Providers shouldn't bill under select criteria as set out by the contracts we have in place with our hospital Providers. Below is a list of the services impacted.

Hospital Service	Hospital Rule Information
Length of admission - half day rehab	Members or Providers are unable to claim for these services if a contract for this at the billing Provider does not exist.
Length of admission - full day rehab	
Length of admission - full day psych	
Length of admission - cardiac rehab	
Multiple ACHI (DAY)	
Multiple ACHI (OVERNIGHT)	
Half day Psych item code P0005 is being billed but does not meet the contracted length of admission requirement.	