



From the end of November 2019, nib introduced upfront claiming rules that we hope makes it easier for providers to claim correctly, reduces auditing and improves the member's experience.

From this time if you submit a claim and/or eligibility check that falls outside of these rules your claim may be declined. You will then need to resubmit the claim once billed correctly.

To assist you to understand the possible reasons claims may be declined we have created a table to be used as a guide. Please note this does not list all possible reasons.

Response Description	Possible Reason for claim (item) being declined
Pros. Item charged exceed number allowed	Prosthesis replaced within Warranty Period
Charge raised does not match contract	Fixed Price Service billed as Per Diem
Date of service exceeded period from contract	Claim received was greater than agreed payment terms
No benefit amount charged invalid	Claim has too many theatre items to be submitted via Eclipse – resubmit manually
Item/service is intrinsic to items paid	MBS billed not in accordance with the MBS description or billing guidelines.
Item not paid by Medicare – nil benefit	
Items cannot be claimed together	
Length of procedure requirements not met	
No benefit prerequisite service required	
Service exceed number of times permitted	
Date of service cannot be claimed together	
item not applicable for patients age	

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