

NATIONAL PRIVATE PATIENT HOSPITAL CLAIM FORM

ADVICE TO HOSPITAL ADMINISTRATORS

The following notes on the hospital inpatient claim form previously issued (as HC21) have been updated and are supplied for your information.

- (a) The National Private Patient Hospital Claim Form (NPPHCF) is the standard national form to be completed for payment of benefits by health funds for all admitted patient claims for all privately insured patients in private and public hospitals and day hospital facilities in Australia.
- (b) Sections 1 and 2 of the NPPHCF should be completed and signed by the patient or such other person with the authority to act on the patient's behalf at the time of admission. Section 3 or 4 of the NPPHCF should be completed and signed by the Authorising Hospital Officer (for Section 3) or the treating Medical Practitioner (Section 4) at the time the invoice is raised and is ready to be submitted on behalf of the patient for payment by the health fund.
- (c) One claim form is usually sufficient to cover the full period of hospitalisation.
 - a. In the case of long stay patients and paper claims, progressive claim forms can be issued, provided that subsequent claim forms issued do not cover any part of a period already covered by a prior certificate of hospitalisation. Where progressive claim forms are issued and the hospitalisation is continuous the discharge date on the preceding claim form should be repeated as the admission date on the current claim form.
 - b. A separate NPPHCF claim should be submitted in respect of Nursing Home Type Patients.
- (d) NPPHCF may be sent by mail to patients when it is not possible to complete the form in hospital, but this should only be done in exceptional circumstances.
- (e) A duplicate claim form may be issued where a claim form is lost or destroyed (e.g. where it is not possible to secure the signature of the contributor/spouse and the form is lost in the mail). In such exceptional circumstances the original claim form should be cancelled and a duplicate issued. Private health funds will accept a certified photocopy of the claim form in circumstances where the original is lost.
- (f) Claim forms bearing alterations or corrections to the dates and period of hospitalisation should not be issued, but should be cancelled and retained by the hospital.
- (g) The "Principal Diagnosis" field and complete "Diagnoses/Procedures/Other Details" section on the form should include the diagnosis and procedures determined from hospital's records at date of discharge, or at the date thereafter of preparation of the form.
- (h) The "Theatre/MBS" section of the claim form is to be completed for Day Only Patients.
- (i) Where the benefit is assigned to the hospital, the authority portion of the claim form, e.g. Section 2, "Declaration Concerning Claim", must be signed by the patient or such person with the authority to act on the patient's behalf.
- (j) Electronic submission (i.e. Eclipse) is encouraged and a copy of the NPPHCF (physical or scanned) must be kept on file.
- (k) Accounts are to be raised and claims submitted for the date of admission and not the date of discharge.
- (l) Certification requirements are set out in Schedule 1 Part 3 Sections 10 and 11 and Schedule 3 Part 2 Section 7 of the *Private Health Insurance (Benefit Requirements) Rules 2011*.

- a. Type C: “the medical practitioner providing the professional service must certify in writing” – so it MUST be completed and signed by the treating doctor claiming the Type C MBS as admitted either Same Day or Overnight.
- b. Type B “(a) the practitioner providing the Type B procedure; or (b) a professional employed by a hospital who is involved in the provision of the procedure provided by that hospital must certify in writing” – so it can be EITHER the doctor or a professional employee of the hospital claiming the Type B procedure as Overnight. *For clarity: overnight certification may be provided by a professional employed by the hospital who is suitably qualified to do so. This applies only in the event that the treating practitioner is not physically available to certify the certificate. There is still a requirement for the hospital representative to consult and obtain ratification from the treating practitioner of the need for the overnight care*

Your co-operation in the accurate completion of these claim forms will facilitate prompt payment of benefits by the registered funds.