Australian Government
Department of Veterans' Affairs

COMMUNITY NURSING

Community Nursing Claiming
QUICK REFERENCE GUIDE

This guide is designed to be a quick reference tool to assist in processing claims under DVA's Community Nursing Program.

Helpful Definitions and Descriptions

CLAIM PERIOD	The claiming period is 28 days and starts from the date the entitled person enters the Program. You submit your claim for payment for services delivered to Medicare at the end of the 28-day claim period.
MAJORITY OF CARE	You can work out the majority of care for each person by comparing the number of clinical services you delivered to the number of personal care services you delivered in a 28-day claim period. Whichever has the most visits is the majority of care and becomes the core item for claiming. If there is the same number of visits, the majority of care is clinical.
VISIT TYPE	There are three categories of visit: • **Clinical care** – nursing care required to treat medical conditions • **Personal care** – support activities including hygiene, aids and appliances, assessment and monitoring, nutrition, medication prompting and administration of non-prescription medication • **Other care** – including palliative, overnight and bereavement follow-up.
VISIT LENGTH	In the Community Nursing Schedule of Fees, visits are categorised by the time spent at each visit: • **Clinical care** – Short (20 mins or less) and Long (21 mins or more) • **Personal care** – Short (30 mins or less), Medium (31–45 mins) and Long (46 mins or more) • **Other care** o Second Worker – choose item for the appropriate visit type (as listed in the Schedule of Fees). o Overnight Care – choose item relevant to the care provided (listed in the Schedule of Fees).

Key Contacts

DVA Provider Enquiries 1800 550 457
for all general claiming enquiries (not rejected claims)

Medicare 1300 550 017 (option 2)
for claims that have been rejected

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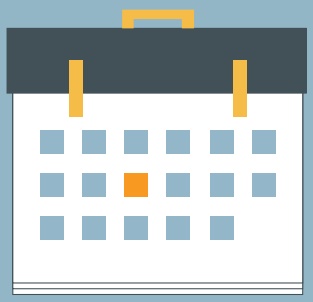
01 How do I determine the CORE ITEM?

To determine whether to use the clinical or personal care core schedule, add up how many clinical visits and how many personal care visits you did in the 28-day claim period.

example
10 clinical visits + 8 personal visits = clinical care is CORE ITEM; personal care is ADD-ON.



02 How do I determine the VISIT LENGTH?

Total minutes ÷ **number of visits** = **average visit length**

Add up the total minutes for clinical care and personal care services delivered over the 28-day claim period.

CLINICAL
450 ÷ 10
Average
45
minutes per visit
= 10 long visits

PERSONAL
240 ÷ 8
Average
30
minutes per visit
= 8 S/M/L visits

Average length of visit and number of visits determines the item numbers you claim on the Schedule of Fees. Most visits were clinical so we look at the Clinical core table (Item NL14). Personal care will be in the Personal Add-On table (Item NT02).

03 What ITEM NUMBERS do I use for a claim?

Having identified the CORE and ADD-ON items and the average visit length for clinical and personal care, you can find the item numbers for other services you may have delivered or items you may have used in the tables in the Community Nursing Schedule of Fees. The process below is colour coded to the different tables in the Schedule of Fees.

CORE ITEM
Clinical Care
10 long visits
(Item No. NL14)

+

ADD-ONs*
Personal Care
8 S/M/L visits
(Item No. NT02)

+

OTHER ITEMS/ CONSUMABLES
(if applicable)

=

SUBMIT CLAIM TO MEDICARE

*** Note: You would also claim from the Second Worker and Overnight Care tables in the Schedule of Fees if services were provided in those areas.**