

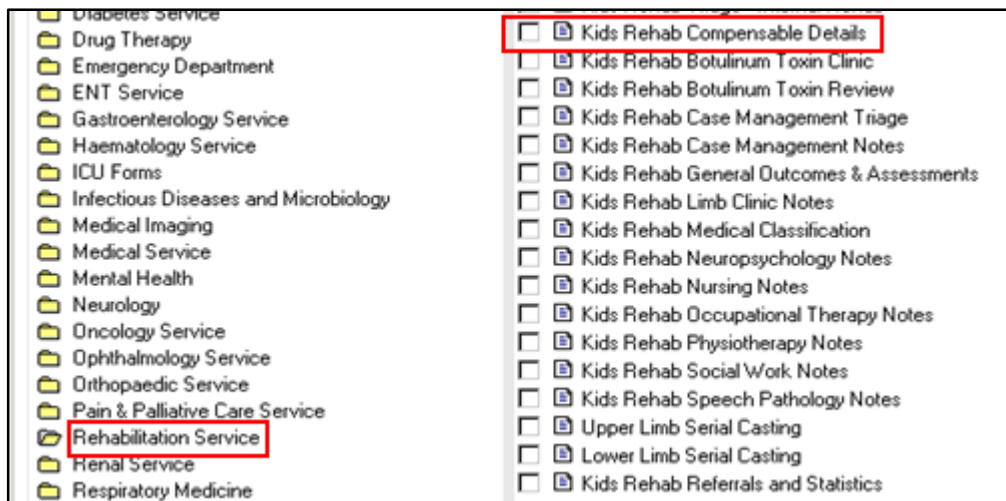
## Kids Rehab Compensable Details Form

IT/eMR Training & Support

### Where do I find it?



- Open the Patient's PowerChart record to a current encounter and click the **Ad Hoc** button in the Toolbar.
- Click the **Rehabilitation Service** folder.
- Double-click the **Kids Rehab Compensable Details** Form. If double-clicking doesn't work, click in the box and then click the Chart button in the bottom right corner of the screen.



### Previously Entered Compensable Details

This section will be blank if no Compensable Details forms have been created previously.

If there have been forms completed in the past, the most recent Compensable Details will be displayed here.

**Previously Entered Compensable Details**

Last documented Kids Rehab Compensable Details

Kids Rehab Compensable Details Entered On: 14/04/2014 9:20  
Performed On: 14/04/2014 9:10 by Fitzsimons, Tony

**Kids Rehab Compensable Details**  
 Compensable Scheme : Lifetime Care and Support (LTCS)  
 CTP Insurer : AAMI & Royal Sun Alliance  
 LTCS Status : Interim participant  
 LTCS Accepted Date : 31/03/2014  
 Date of Review (if interim) : 31/03/2014  
 LTCS Participant Number : 84744654  
 LTCS Coordinator : Manz, Contraz

### Compensable Scheme

- Select the appropriate option, CTP or Lifetime Care and Support.
- This will highlight any mandatory fields in the form by turning them yellow.

**Compensable Scheme**     CTP Only     Lifetime Care and Support

### Compensable Scheme - CTP

Complete all relevant sections. In the CTP Insurer Suburb, please note the required form of 'Suburb State Postcode' without commas. This field is used to create letters. Entering the address details in this way will ensure the format will appear correctly in letters to external parties.

**Compensable Scheme**  CTP Only  Lifetime Care and Support

**Compulsory Third Party**

CTP information was last updated

CTP Insurer

CTP Insurer Street  CTP Insurer Suburb  Format: Suburb State Postcode (without commas)

CTP Insurer Phone  CTP Insurer Fax

CTP Insurer DX  CTP Claim Manager

CTP Claim Number  CTP Status  Case active  Case settled / closed

CTP Date Settled / Closed

### Compensable Scheme - LTCS

Complete all fields as appropriate.

If you have **LTCS Approvals** to enter:

- Please ensure **all** fields are completed for each row of the LTCS Approvals grid (except for invoice).
- Click on each cell to enter the information. Any field that has **<Date>** or **<Alpha>** displayed will open an additional window for you to select and enter the required information. The other cells are free text fields.
- If you need additional rows, you can right-click anywhere in the grid and select **Add Row**.
- If an invoice has been sent for a particular approved code, update the **Invoice Raised** column to 'Yes' for that item. This removes it from billing reports and templates.
- If an item is old and no longer relevant, it can be removed by right-clicking and selecting **Delete Row**.



**Warning!** Using **Clear** will delete **everything** in the grid. Do not use this!

**Lifetime Care & Support**

LTCS Status  Interim participant  Participant  Denied

Accepted Date

Date of Review (if interim)  Review Outcome  LTCS Participant  Denied - now CTP

Date Denied

LTCS Participant Number  LTCS Coordinator

LTCS Approvals Right-click to add rows as necessary. Do not delete rows unless invoices have already been raised. (deleted rows will not be included in billing reports) If new approvals are received, create a new version of the form and add rows to the table to document them (do not go back to modify old forms with new approvals)

Approval Date	Approval End Date	Approval Number	LTCS Code	Comment	Approved Minutes	Cost (#.###)	Invoice Raised
01/04/2014	30/06/2014	123456	LTCS119 - Neuropsychology Ax	Chart Details...	600	3,000.00	<Alpha>
01/04/2014	30/06/2014	123143	LTCS120 - Speech Pathology Ax	Modifiers	60	100.00	Yes
01/07/2014	31/08/2014	123123123	LTCS922 - Registered Nursing Tx	Reference Text	1,000	5,000.00	<Alpha>
<Date>	<Date>		<Alpha>	View Result Details			<Alpha>
<Date>	<Date>		<Alpha>	Clear			<Alpha>
<Date>	<Date>		<Alpha>	Clear Cell			<Alpha>
<Date>	<Date>		<Alpha>	Add Row			<Alpha>
<Date>	<Date>		<Alpha>	Delete Row			<Alpha>



**Warning!** If a patient receives a new approval for services, you must create a new form to update the approved minutes and costs. Please do not open an older version and add the new items as this will not carry across to the other forms correctly.



### Signing off your Form

When you have completed all the required fields, click on the tick in the top left corner to sign the form. You will be prompted to enter your password.