

Statistics & Billing Page

This section captures ABF data, compensable billing data as well as other items to be used for other reports and letters (Medicare billing will still occur from Scheduling).

Completion of this page is mandatory to be able to sign off the form. Some information is carried across from other forms or pages. Please check that the information is correct.

Ensure the correct Facility, and a Program Identifier that belongs to that facility are chosen.

Tip: For a multidisciplinary assessment, all attending clinicians can be entered on the one form to save time. However, if clinicians will be documenting on forms separately, the Stats & Billing should be captured separately.

Rehab2Kids Referrals and Statistics - TEST, Kylie

*Performed on: 06/03/2019 1434 By: Fitzsimons, Tony

Referrals & Action
Statistics & Billing

Compensable Act

MRN: 20000021 TEST, Kylie Sex: F Age: 5 Years DOB: 03/09/2013 Interpreter: MC: 25698973171
Home Ph: 0299999999 Mobile: Language: English LOC: REHAB2KIDS SCH; ;
Address: Shop 2 2 Albert St RANDWICK NSW 2031

Facility
 Children's Hospital at Westmead
 Sydney Children's Hospital

Program Identifier
 Botox - Medical Clinic - CHW
 Brain Injury - Medical Clinic - CHW
 CPMD - Medical Clinic - CHW
 ITB - Medical Clinic - CHW
 Limb - Medical Clinic - CHW
 Musculoskeletal - Medical Clinic - CHW
 Neuromuscular - Medical Clinic - CHW
 Peripheral Neuropathy - Med Clinic - CHW
 Spina Bifida - Medical Clinic - CHW
 Spinal Cord - Medical Clinic - CHW
 Botox - Non-Medical - CHW
 Brain Injury - Non-Medical - CHW
 CPMD - Non-Medical - CHW
 ITB - Non-Medical - CHW
 Limb - Non-Medical - CHW
 Musculoskeletal - Non-Medical - CHW
 Neurodevelopmental - Non-Medical
 Spina Bifida - Non-Medical - CHW
 Spinal Cord - Non-Medical - CHW
 Botox - Medical Clinic - SCH
 Brain Injury - Medical Clinic - SCH
 Cerebral Palsy - Medical Clinic - SCH
 CPMD - Medical Clinic - SCH
 Limb - Medical Clinic - SCH
 Musculoskeletal - Medical Clinic - SCH
 Rehab Orthopaedic - Medical Clinic - SCH
 Spina Bifida - Medical Clinic - SCH
 Spinal Cord - Medical Clinic - SCH
 Botox - Non-Medical - SCH
 Brain Injury - Non-Medical - SCH
 Cerebral Palsy - Non-Medical - SCH
 Limb - Non-Medical - SCH
 Musculoskeletal - Non-Medical - SCH
 Rehab Orthopaedic - Non-Medical - SCH
 Spina Bifida - Non-Medical - SCH
 Spinal Cord - Non-Medical - SCH

Patient Status
 Inpatient
 Outpatient

Patient Service
 Brain injury
 Cerebral Palsy Movement Disorder
 Limb
 Musculoskeletal
 Neuromuscular
 Peripheral Neuropathy
 Spina Bifida
 Spinal Cord

Provider Location
 Hospital (includes phone calls)
 Home Visit
 Outreach - Community Health Centre
 Outreach - Interstate
 Outreach - Other Hospital
 School/Pre-School/Day Care
 Other

Service Type
 Rehabilitation

Initial or Subsequent Consult
 Initial Consult
 Subsequent Consult

Consultation Type
 Phone
 Email
 Face to Face
 Letter
 Fax
 Telehealth / Videoconference - Consultant End
 Telehealth / Videoconference - Patient End
 Case Management/Planning (no client contact)
 Case Conference (no client contact)
 Group Session Attendance
 Group Telehealth / Videoconference - Consultant End
 Group Telehealth / Videoconference - Patient End
 Other Technology

Date of Referral (to Rehab) 24/08/2018
 Referral Received Date (in Rehab) 26/08/2018
 Episode Start Date Known Unknown at this time
 For Outpatients, please ensure the Episode Start Date below is up to date (ie, not earlier than the Referral Date) 23/10/2018
 Referral Source Other referral, not elsewhere classified
 Is there billable activity to be entered for this consult/intervention? Yes No

Financial Class
 this patient has a Rehab2Kids Compensable Details form completed identifying them as being eligible for **Compulsory Third Party Insurance**. Please ensure **Motor Accident** is selected in the Financial Class, below.
 Non Chargeable (No Medicare claim)
 Lifetime Care and Support (LTCS)
 Motor Accident
 National Disability Insurance Scheme (NDIS)
 Privately Referred (Medicare claim)
 Private (Self-funded)
 Transcover
 Veterans Affairs

In Progress

Compensable Details

This text field is auto-populated and gives prompts on whether the patient is compensable or not (based on completion of a **Rehab2Kids Compensable Details** form). This example text below shows the default wording if no Compensable Details form has been completed. This doesn't mean the patient has been deemed ineligible, it may just mean the Compensable Details form has not been completed yet.

This patient has **NOT** been identified as being eligible for Lifetime Care & Support or CTP schemes.

The example below indicates that a Compensable Details form has been completed. The text will change depending on the status of the patient's situation.

Financial Class
 this patient has a Rehab2Kids Compensable Details form completed identifying them as being eligible for **Compulsory Third Party Insurance**. Please ensure **Motor Accident** is selected in the Financial Class, below.

Ensure that the Financial Class field is updated appropriately based on what the text field is saying (of if you have other more recent information from elsewhere).

Financial Class

You must select one of the items below. If, for example, you believe the intention will be to access LTCS for the patient but the Compensable Details box says they haven't been identified as being eligible, you can still select the LTCS option in the box below. Otherwise, select the most appropriate option.

<input checked="" type="radio"/> Non Chargeable (No Medicare claim)	<input type="radio"/> Privately Referred (Medicare claim)
<input type="radio"/> Lifetime Care and Support (LTCS)	<input type="radio"/> Private (Self-funded)
<input type="radio"/> Motor Accident	<input type="radio"/> Transcover
<input type="radio"/> Other Compensable	<input type="radio"/> Veterans Affairs
<input type="radio"/> Overseas/Ineligible	<input type="radio"/> Workers Compensation

Clinicians in Attendance

This section allows you to note how many clinicians were involved in this triage process. This makes ABF reporting much quicker. It is also important that you enter the names of the clinicians and their **Provider Type** in the appropriate sections. If you enter a Provider name and the box says "Multiple Matches", click on the binoculars to open a list of all the matches and select the correct one.

Clinicians in Attendance	Name	Provider Type	Time Spent
<input checked="" type="radio"/> 1	1 Test, Rehab Dept Personnel		<input type="text" value="min"/>
<input type="radio"/> 2	2		<input type="text" value="min"/>
<input type="radio"/> 3	3		<input type="text" value="min"/>
<input type="radio"/> 4	4		<input type="text" value="min"/>
<input type="radio"/> 5			
<input type="radio"/> 6			
<input type="radio"/> 7			
<input type="radio"/> 8			
<input type="radio"/> 9			
<input type="radio"/> 10			

Compensable Activity

The Compensable activity page becomes mandatory to complete if either **Motor Accident** or **Lifetime Care and Support (LTCS)** were checked as the Financial Class in the Statistics & Billing page.

Financial Class

<input type="radio"/> Non Chargeable (No Medicare claim)	<input type="radio"/> Overseas/Ineligible	<input type="radio"/> Veterans Affairs
<input checked="" type="radio"/> Lifetime Care and Support (LTCS)	<input type="radio"/> Privately Referred (Medicare claim)	<input type="radio"/> Workers Compensation
<input type="radio"/> Motor Accident	<input type="radio"/> Private (Self-funded)	
<input type="radio"/> Other Compensable	<input type="radio"/> Transcover	

The Compensable Activity page will automatically pop-up if required. The **Tracking of Documented Activity** area displays the total amount of minutes approved for specific clinical services.

- Intellectual Function
- Attention
- Referrals & Actions
- * Statistics & Billing
- ➔ **Compensable Activity**

Compensable Activity - TEST, Build

Compensable Activity

MRN: 10605885 TEST, Build Sex: F Age: 4 Years DOB: 01/01/2015 Interpreter: MC: 12312312310
 Home Ph: 0296587752 Mobile: 0408455759 Language: English LOC: ENT SCH; ;
 Address: 85 Smith Street RANDWICK NSW 2031

Tracking of Documented LTCS Activity

Rehabilitation Compensable Details

LTCS Code	Provider Type	App Date	App End Date	App Mins	Remain
LTCS105 - New - Rehab Specialist Ax		04/12/2018	01/07/2019	180	
	Medical	Kyriagis, Maria (Medica	04/12/2018	15	
			Total Spent	15	165
LTCS106 - Physiotherapy Ax		04/12/2018	01/07/2019	300	
	Physiotherapist	Fitzsimons, Tony	04/12/2018	20	
	Physiotherapist	Hanns, Kerrv	15/01/2019	60	

Compensable Billing Activity for This Visit

Check the Compensable Scheme for this patient - do not enter both CTP and LTCS items on the 1 row
 Right-click to add rows as needed
 Select 'Billable Activity' only if you wish to EXCLUDE an item from the billing extracts.

*Provider	LTCS Code/Description	CTP Code/Description	*Minutes	Billable Activity?	Case Manager?
<Alpha>	<Alpha>	<Alpha>		<Alpha>	<Alpha>

Enter the details of the compensable billing activity performed in the **Compensable Billing Activity for This Visit** section.

- Click on the Provider <Alpha> to select which clinician performed the consult. A box will appear with numbers 1-10.

The Provider is the number of the clinician entered in the Statistics and Billing page (example below). If you are the only provider, the number will be 1.

Clinicians in Attendance	Name	Provider Type	Time Spent
<input checked="" type="radio"/> 1 <input type="radio"/> 6 <input type="radio"/> 2 <input type="radio"/> 7 <input type="radio"/> 3 <input type="radio"/> 8 <input type="radio"/> 4 <input type="radio"/> 9 <input type="radio"/> 5 <input type="radio"/> 10	1 Test, Rehab Dept Personnel	Neuropsychologist	30 min
	2		min
	3		min
	4		min

- Next, select a LTCS or CTP code. Enter ONLY a CTP code OR a LTCS code in one line. If you need to enter another code, create another row. To create another row, right click the table area and select **Add Row**.
- Enter the minutes spent with the patient.

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. This sends the appropriate messages to other Task Lists or Scheduling Request Lists as requested.

If you have left any mandatory fields blank, the system will prompt you. Please be aware that the pop up box does not clearly tell you which field you have left blank. The screen will re-load to one of the incomplete mandatory fields. Incomplete mandatory fields will have a yellow background. There will also be a red star next to the page name if there is a mandatory field that is incomplete.

