Medicare Easyclaim exceptions

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All Medicare items are eligible for claiming through the Easyclaim channel with the following exceptions:

- **In-hospital claims -** In-Service Properties the In-hospital flag is set to true.

- **ACIR Information -** This relates to ACIR claims submitted through Medicare Online (also sometimes referred confusingly to as Easyclaim) so we don't need to worry about it as it will not be done through an invoice.

- **Patient claims over 2 years from the date of service**.

- **Patient claims with non-standard and indefinite referrals**.

- **Time duration-dependent items -** Service properties have time duration present.

- **Notional charges** (e.g. provider has raised a total charge to cover a group of services). We can't identify these ones so cannot filter this out.

- **Patient claims pathology items excepting group 9 items -** Items in category 6, excepting items in group 9 of category 6 - Item numbers 73801-73837 are claimable through Medicare Easyclaim, all other pathology item numbers in category 6 are not claimable through Medicare Easyclaim.

- **Items where the charge exceeds $9,999.99.**

- **GP Multiple attendance items 4, 20, 24, 35, 37, 43, 47 -** Any GP consult item number that requires the number of patients seen is not claimable through Medicare Easyclaim. Example: If a GP visits a nursing home and sees 10 patients on one occasion they will not be able to transmit those claims through Medicare Easyclaim.

- **DVA claims -** The payer is DVA.

- **Assisted Reproductive Technology (ART) Services** - Items 13200 – 13221 All Assisted Reproductive Technology (ART) Services cannot be claimed through Medicare Easyclaim. To define the ART services they are located in the online Medicare Benefits Schedule under Category 3, Group T1, Miscellaneous Therapeutic Procedures under Sub Group 3 – Assisted Reproductive services. These items are unable to be transmitted through Medicare Easyclaim.

- **Claims requiring text** - There is text present in the Notes field for the invoice.

If you need to bill using any of the above scenarios, you will need to transmit the claims via a Medicare or DVA batch.