ECLIPSE (Fund) invoicing

Last Modified on 02/08/2023 11:21 am AEST

Create an invoice for an in-patient covered by a health fund and make a claim.

ECLIPSE is only used to submit inpatient health fund claims.

For ECLIPSE billing, the patient will be the payer with the health fund added to their details. Learn more.

To create and send an ECLIPSE invoice:

1. Go to Zedmed's **Reception** tab.
2. Select **Patients** or **Waiting Room** then locate the patient and open their record.
3. Check the **Payer** is the patient (regardless of age).
4. Check that there is a current referral entered in the **Referrals** section.
5. Select **Patient Verification.**

   The Patient Verification dialog will open.
6. Select **OK** and a check will run and advise if the patient is eligible for claims.

   To learn more, see our Easyclaim eligibility article
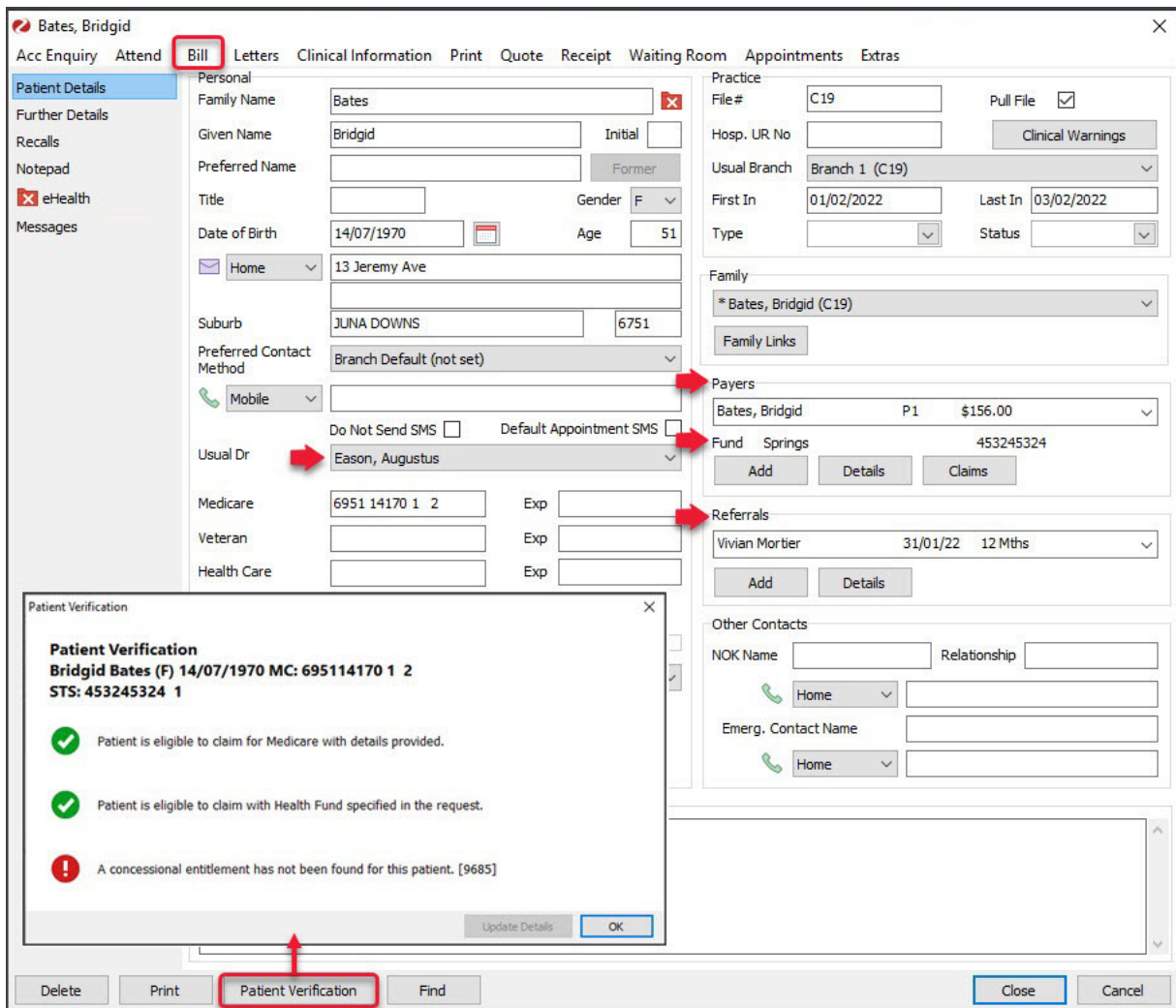
7. Bill the patient to open the New invoice screen.

   Billing is usually initiated from the **Waiting Room** by right-clicking the patient and selecting **Bill**.

   If you are billing from the Patient Record, Open the Patient Record and select **Bill** from the top menu

   The **New Invoice** screen (shown below) will open.

8. Check that:
    - The **Payer** is the patient (regardless of age).
    - Check that the **Doctor** is correct.
    - Check that the **Request/Referral Dr** fields contain the correct information.
    - Check that the **Fund Details** fields contain the correct information.

9. Add service items to the invoice.

   For invoices raised from the **Waiting Room,** use the items entered by the practitioner in the **Doctor Assigned Billing Codes** box. Select **Add All** to add these codes to the invoice. Items can also be added, deleted and changed.

   To add items:

   a. In the **Item#** field, enter the service's **item code**.
   b. Press **Tab** to populate the other fields.
   c. Update the **Fee** field so it matches the **Fund Fee Type** in the **Fund Details** section.

      The next step is to update the **Properties** while the service is in the entry field, and before you select

Add in step 11. It's important to set the first item's properties because they're applied to all other items.

10. Update the **Properties** as follows:

    a. Select **Properties** to open the screen shown below.

    b. The only mandatory selection is the **Hospital/Site** field. Select the hospital the patient attended.

    c. Select any relevant **Indication flags**. E.g if a patient returned later that day you would select**Not Duplicate Service**.

    d. Enter the number of **Patients seen**.

    e. If the item is radiology or pathology, the**LSPN** and **Specimen Collection Point** fields are automatically populated.

        To learn more, see the Location Specific Practice Number (LSPN) article.

     f. Select **OK** to return to the **New Invoice** screen.

11. Select **Add** and the item will move to the display area.

- To add another service to the bill, select **Add** and repeat the steps.
- To modify a service, select it and select **Change**. This will place the service into the editable fields.
- To delete a service, select it and select **Change**, then select **Delete**.
- To print the invoice, select **Print**.

12. Determine if the patient is paying a GAP fee.

Select **ECLIPSE** if the patient is not paying a Gap Fee.

Select **Quick Pay** if the patient is paying a Gap Fee, complete the Quick Pay screen, then select **ECLIPSE** to claim the remaining balance.

The Quick Pay process is shown in the screenshot below. Select **Gap**, then a **payment method** and then select **Add**.

13. After you select **ECLIPSE**, select **Yes** to the pop-up advising the invoice will be saved.

    The **Eclipse** screen will open for review.

14. Select an **Admission** date and a **Financial Consent** option, before sending the claim:

    a. The Hospital **Admission/Discharge** dates. The **Admission** date is required.
    b. Under **Other**, make a selection for **Financial Consent**. A selection is required.
    c. Check that the **Claim Type** is either **IMC Agreements** or **IMC Schemes**.

       The **Claim Type** will default to the setting in the **Doctor Fund Schemes** table, as shown in the Setup Eclipse article's Treating doctor section. If this is incorrect or was not entered for that fund, it will default to **IMC Patient Claims**.

       If it is transmitted as a patient claim, the practitioner's cheque will go to the patient to bring in. You can override the setting by choosing **IMC Agreements or IMC Schemes**. Remember to change it in the doctor's details as well.

    d. Review the options under **Other**: if the practitioner has **Disclosed Financial Interest** or if the claim is the subject of a **Compensation** claim (this will default depending on whether it's an **Agreement or Scheme**).

15. Select **Ok** to submit the claim.

    You will get a response from InPatient Medical Claim Assessment advising if the claim was successfully queued for sending.

    Each claim is sent individually. There is no batching required, but they may be paid in a batch.

    If there is an error, you can go to **Acc Enquiry** in the Patient Record to make any changes to the invoice and completed the workflow.

    To learn more see the Review Claims and Reconcile Payments articles.

16. Select **Print** or **Continue**.

    - **Print** will print out the claim details, including any remittance advice for the patient.

    - **Continue** will close the prompt.

    That is all you need to do. ECLIPSE will send the invoice to Medicare, where it needs to be approved before going to the health fund because this is for hospital billing. Once the health fund approves the claim, it comes back to Zedmed via ECLIPSE.

    If a claim is not sent successfully, an error code will be displayed. To learn more, see the Medicare error codes article.

    You can retry by selecting the invoice > selecting the **ECLIPSE** button and repeating the submission process.

Please note: You can only send an ECLIPSE claim for one patient and one practitioner. To bill for a surgeon and an assistant, you will need to do two invoices for the different practitioners. For more information on this, see the Assist Doctor Billing article.