



## Claiming through the portal

Claims made through the Hearing Services Online (HSO) portal, are often submitted when claims are not able to be batched via [e-Claims](#), or where advised by a health departmental officer to do so. For instruction, please refer to the user guide [submitting a claim via the HSO portal](#).

### Processing claims in the portal (portal claim)

Claim items that cannot be e-Claimed are submitted through the portal (portal claim). To process portal claims, the user must have [SP Claims access](#), which is arranged by their company's [SP Admin](#). Providers must keep the completed claim for payment form on the client file for audit purposes.

The following services can **only be claimed** through the HSO portal

- Aid returned for credit (**Item 1 or 2**)
- Dispensing fee for a hearing aid returned for credit (**Item 3**)
- Remote controls (**Item 4**), or
- Miscellaneous item (**Item 6**) for example - a split payment or non-scheduled device.

The following items require submission through the HSO portal as they will reject if e-Claimed

- **Item 960** – if client is considered binaural due to a BiCROS fitting
- **2<sup>nd</sup> Item 820** – if the first item 820 is claimed by the previous service provider
- **2<sup>nd</sup> item 840** – if replacing the primary and spare aid with the same date of service
- **Initial fitting item(s)** – if a return voucher has been issued and no assessment item has been claimed
- **Items that require specific sequencing of submission** – some claims require other items to exist in a client history, for approval. If a provider submits both of the claim items in the same batch, they must be sequenced in the batch file in the correct order of operations e.g. **850** before **555**, and **820** before **760/770**, and **600** before **610**. If a batch claim item rejects due to incorrect sequencing, the rejected claim item must be re-submitted as a portal claim.

Example: an **820** and **760** have been batched together, but the **760 has been approved**, the **820 has rejected**. The **820** must now be portal claimed.

### HSOP changes (previously portal claim only – can now be e-Claimed)

Due to changes associated with the [Hearing Services Online Payments Project](#) (HSOP), some claim items that were previously Portal Claim only, can now be submitted via e-Claim batch processes. The claim items that **can now be e-Claimed** are

- Fitting items with no follow up appointment (for example item 631, 641, 651 etc.)
- A spare aid fitting (item 960)
- Assistive listening device (ALD) fittings
- Payment of client contribution for lost/Damaged Beyond Repair (DBR) device/s for exempt clients (item 555)

## Conditions for Claiming

The [conditions for claiming](#) webpage provides more information on claiming for these items. Providers should also ensure they are familiar with the current [Schedule of service items](#) and the [Schedule of Fees \(2018-2019\)](#).

## Exception (manual) claims

An exception, or manual, claim is any claim item that cannot be submitted by e-Claim or via HSO. Exception claims must be submitted on a (completed) [claim for payment form](#) and sent to [hearing@health.gov.au](mailto:hearing@health.gov.au). Examples of exception claims include

- Where approval for a [non-scheduled device](#) has been provided
- Claims for relocated clients (no longer linked to your business), and
- Split payments.

## Split payments

Split payments occur when a hearing provider business is in the process of changing ownership, and where the selling business has completed a fitting appointment, but the follow up appointment is completed by the buying service provider.

Providers who are selling their business should **not** proceed with fitting a client if a follow up appointment cannot be completed before the date of closure.

If the selling provider does complete a device fitting but cannot complete the follow up appointment, both the selling and buying providers will need to submit split payment claims.

The selling provider must email [hearing@health.gov.au](mailto:hearing@health.gov.au) the claim for payment form for items

- 771 (subsequent initial fitting)
- 651 or 821 for monaural fittings, or
- 661 or 831 for binaural fittings.

The buying provider must email [hearing@health.gov.au](mailto:hearing@health.gov.au) with a completed claim for payment form for an Item 6 (the follow-up date of service must be **after** the date of transfer).

Please see the factsheet on [claiming information for when selling or buying a hearing service business](#).

## Recoveries

A recovery occurs where

- an incorrect claim has been submitted
- claim details are incorrect (eg dates as entered, item benefit, site ID etc.) or
- a device is returned for credit, and the provider is required to reimburse a claim for payment.

A recovery can only be initiated if the submitted claim has been paid to the provider.

For any recovery initiated following 15 November 2019, no tax invoice will be generated. Instead, the amount owed will be automatically deducted from the total amount payable for (approved) claims in a [Batch Upload](#), and this will be detailed on the [Batch Download](#) (response file).

Following a recovery, a provider must then submit the correct claim as a HSO portal claim (if appropriate) ensuring all the details are correct.

For further instruction, please refer to the user guide [processing a recovery](#).