



New Revalidation Process

Process effective 1 July 2021

Determine if the client's circumstances in hearing or health have changed significantly or if the reason to refit is urgent e.g. risk of harm/danger, if the service is not provided before their current voucher expires.

Then complete and submit an [online revalidation request](#) form by:

- Selecting either Reason A or Reason B, not both.
- If Reason B, select the Eligibility Criteria for Refitting (ECR) that has been met as well as the intended item number the service item number.

The form is dynamic and you will only be required to answer specific questions related to your request.

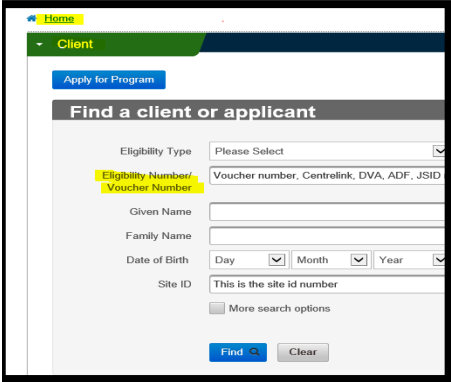


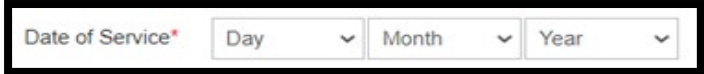

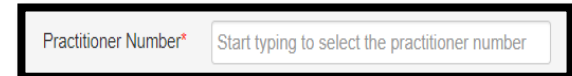
Keep a copy of a completed request form, including all the supporting documentation on the client file. The application must be submitted and a submission number generated. Note this number and include this in any follow-up enquiries.

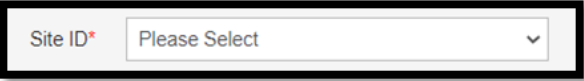



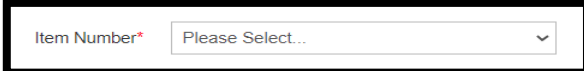
- The application will be assessed and an outcome determined, either approved or rejected.
- An email advising the outcome of revalidated request application will be sent within 7-10 days.

If **Approved** – provide the requested service to the client.

- Submit the claim through the portal against the individual client's current voucher.

How to submit the claim correctly through the HSO portal

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| 1 | <p>Log in to the portal, under the home tab, click open the client accordion and find the individual client record using their 4 points of ID or Voucher Number.</p>  |
| 2 | <p>To submit the revalidated service item, click the manual claim button, below the claims history.</p>  |
| 3 | <p>From the drop down select the CURRENT voucher no.</p>  |
| 4 | <p>Select the Date of Service.</p>  |
| 5 | <p>Provider Reference Number field relates to your internal processes, and this can be left blank.</p> |
| 6 | <p>Under Service Provider Details, enter the Organisation Name.</p>  |
| 7 | <p>Enter the Practitioner Number.</p>  |

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| 8 | <p>From the drop down menu, select the Site ID.</p>  |
| 9 | <p>Under Claim Details, in the Claim Type field, click the drop down to select Revalidation.</p>  <p>After Revalidation is selected, the Reason field will appear.</p>  <p>Select your Reason (Revalidation Reasons) using one of the below reasons in the drop-down menu: a) Where an item 800 / 810 is required, select Reason A, or b) Where a refitting is required (Reason B) - select the ECR number.</p> |
| 10 | <p>Enter the Pre-approval Number in the field provided.</p>  <p>From the drop down menu, select the Item Number.</p>  |
| 11 | <p>After the Item Number is entered, the Fitting Details fields will appear if a refitting item is selected. Enter the fitting details into the following fields – the Date of Fitting, the Device Code, and the 3FAHL values.</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="188 1092 686 1243"> <p>Left Ear</p> <p>Date of Fitting* 12 Jul 2021</p> <p>Device Code* B12345</p> <p>3 FAHL* 45</p> </div> <div data-bbox="710 1092 1204 1243"> <p>Right Ear</p> <p>Date of Fitting* 13 Jul 2021</p> <p>Device Code* N54321</p> <p>3 FAHL* 56</p> </div> </div> |
| 12 | <p>If the device is a top up device, a cost to client field will appear. Enter cost to client as a dollar value.</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="188 1313 638 1719"> <p>Fitting Details</p> <p>Left or Right Ear Fitting? <input checked="" type="radio"/> Left <input type="radio"/> Right</p> <p>Date of Fitting* 3 Feb 2021</p> <p>Device Code* B123AUD</p> <p>Left Ear - 3 FAHL*</p> <p>Right Ear - 3 FAHL*</p> <p>Device Model Leox 7 BTE SP</p> <p>Device Category C2 - Includes Dispensing Fee</p> <p>Device Benefit (excluding GST) \$488.85</p> <p>GST \$0.00</p> <p>Device Benefit (including GST) \$488.85</p> <p>Top up Device? Yes</p> <p>Cost To Client* \$0</p> </div> <div data-bbox="662 1313 1077 1719"> <p>Fitting Details</p> <p>Left Ear</p> <p>Date of Fitting* 5 Feb 2021</p> <p>Device Code* B122EVE</p> <p>3 FAHL* 45</p> <p>Device Model Sound SHD S13 Stream 7</p> <p>Device Category C2 - Includes Dispensing Fee</p> <p>Device Benefit (excluding GST) \$488.85</p> <p>GST \$0.00</p> <p>Device Benefit (including GST) \$488.85</p> <p>Top up Device? Yes</p> <p>Cost To Client* \$350</p> </div> </div> |

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| 12 | Read the certification statement, then tick the certification box if statement applies. <div data-bbox="191 174 853 313" style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> I certify that the details on this claim form are true and that this claim complies with contractual obligations for record keeping.</div> |
| 13 | Check the details have all been entered correctly before clicking the submit button <div data-bbox="191 371 853 499" style="border: 1px solid black; padding: 5px;"><div style="text-align: center;"><input type="button" value="Submit"/> <input type="button" value="Cancel"/></div></div> |

****Revalidation Claim must be consistent with the pre-approved application. Otherwise, the claim will be rejected. All revalidated services are subject to Audit and Compliance action.***