

HC21 Forms

Last Modified on 11/07/2023 2:52 pm ACST

This article covers the following:

- HC21 Forms
- Printing MBS Codes for Accommodation Charges
- Updating Patient record with a Digital Signature for HC21 digital signing
- Advanced workflow: Splitting printing and merging HC21 forms

HC21 Forms

Generates a PDF of the HC21 Form, pre-populated with patient and admission data. This can then be printed.

Important Note:

- Providers which are deemed to be a hospital need to be set up correctly so they appear (Providers → Medical Provider → Edit → set flag "is a hospital?" - see [Edit a Provider](#)).
- Digital signing of HC21 is available from CarRight version 6.8g see [Digital Signing of HC21 setup](#)

Printing MBS Codes for Accommodation Charges

When printing HC21 form for Admissions where the item code used for billing the accommodation is based on MBS items any related MBS item code needs to be printed in the MBS/Theatre section of the HC21 form.

CareRight will detect when it is necessary to print this data and add it to the HC21 form

For example:

When a claim is for a single day admission length, the claim includes an Accommodation Segment (Service) and one of the following conditions is met for

- Service Code Type is set to C
- Service Code Type is blank, and the Service Code is an MBS item number

When either condition is met then the service code is printed on the HC21 under the Theatre/MBS items section of the form.

Updating Patient record with a Digital Signature for HC21 digital signing

Capturing and storing a patient's digital signature in CareRight and automatically transferring it to the HC21 form when printed can streamline the documentation process and improve efficiency. It helps eliminate the need for manual signatures on printed forms and reduces the chances of errors or missing signatures. This integration between CareRight and HC21 can enhance the overall patient experience and contribute to better record-keeping practices.

Permissions:

Authorised forms tab will only appear if your System Administrator has given you access.

Steps

1. **Dashboard > Patient**
2. Click **Authorised Forms**
3. Click **New**
4. Patient to sign using mouse also can be from a tablet/ipad
5. Click **Create Authorised form** to save

Note: When printing the HC21 it the signature field will automatically pulled the Patient signature.

Advanced workflow: Splitting printing and merging HC21 forms

When preparing a HC21 form, because the relevant fund does not support online claiming, if your system is configured with **Split IHC Printing** then you will have a number of points to generate a HC21 form, either partially or fully.



Step 1: Patient signature

Prior to the procedure, you may print the left hand side of the HC21 form for the patient to sign.

This can be either signed digitally, or printed and scanned into the patient record.

From the patient record, you can elect to download the HC21 form and will see:

NATIONAL PRIVATE PATIENT HOSPITAL CLAIM FORM

Private Health Fund Hospital
 Hospital Hospital
 Provider Number Record Number

1. PATIENT / FUND MEMBERSHIP DETAILS (Please print and insert ticks (✓) in boxes)

Family Name of Patient Mr/Mrs/Miss/Ms
 Given Names of Patient
 Membership Number Level of Cover
 Relationship of Patient to Member Patient's Date of Birth Age
 Family Name of Member Mr/Mrs/Miss/Ms
 Given Names of Member
 Residential Address of Member
 Postcode
 Is this a permanent address? Yes ☐ No ☐ Email
 Telephone: Home Work Mobile
 Adding a newborn child to your family membership: Sex Date of Birth
 Family Name Given Names
 Full name of Admitting Medical Practitioner:

2. DECLARATION CONCERNING CLAIM (The accurate answers to these questions are a essential part of this claim)

Patient/Guardian to complete (please tick (✓) below)

	Yes	No
Do you have entitlement to claim compensation or damages (including previous settlements)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you lodged a claim for compensation or damages?	<input type="checkbox"/>	<input type="checkbox"/>
Did the injury or condition occur at work, going to or from work or as a result of being at work?	<input type="checkbox"/>	<input type="checkbox"/>
Did the hospitalisation result from a motor vehicle accident?	<input type="checkbox"/>	<input type="checkbox"/>
Did the hospitalisation result from any other type of accident?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have an entitlement to free treatment under Australian Veterans' legislation?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient a full-time student dependant over 17 years and under 25 years?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, name of educational institution:
 Date patient was first aware of symptoms: Date patient first consulted a doctor for symptoms:
 Were the financial implications of your hospital charges explained prior to admission? ☐
 Have you signed an Election Form to elect to be treated as a private patient? (PUBLIC HOSPITAL PATIENTS ONLY) ☐
☐ I hereby declare and warrant that all the above information provided in connection with this claim is true and correct.
☐ I authorise the hospital, or any other authorities concerned with this hospitalisation, injury, disease or ailment, or the treatment or diagnosis, to supply all information, including Hospital Casemix Protocol information as required by the Federal Government, to the private health fund for the purpose of providing private health insurance in accordance with the fund's privacy policy.
☐ I authorise my health fund to pay benefits directly to the hospital.
 Patient's/Guardian's Signature: Date:

CODES FOR CLAIM FORM ITEMS*

ADMISSION CODES 1 Admission Claim 2 Continuation Claim 3 Unplanned Re-admission within 28 Days 4 Same Day 5 Transfer from Another Hospital 6 Other Re-admission	ACCOMMODATION CODES 1 Single Room 2 Shared Room 3 Coronary Care 4 Intensive Care 5 Other (e.g. HDU) 6 Neonatal 7 Nursing Home Type Patient 8 Rehabilitation Program 9 Psychiatric Program 10 Palliative 11 Outreach/Hospital in the Home Care	DISCHARGE CODES 1 Discharged 2 Interim Claim 3 Deceased 4 On Leave 5 Transfer to Another Hospital 6 Early Discharge Program
OTHER SERVICES CODES 1 Labour Ward 2 Theatre Fee 3 Pharmaceuticals 4 Nursery Fee 5 Disposables 6 Prostheses 8 Allied Health Services 7 Other	INFANT / NEONATE WEIGHT The admission weight rounded to the nearest gram.	URGENCY OF ADMISSION CODES 1 Urgency status assigned - emergency 2 Urgency status assigned - elective 3 Urgency status not assigned 9 Not known / not reported
MODE OF SEPARATION CODES 1 Discharge / Transfer to another Acute Hospital 2 Discharge / Transfer to a Nursing Home 3 Discharge / Transfer to (another) Psychiatric Hospital 4 Discharge / Transfer to Other Health Care Accommodation 5 Statistical Discharge - Type Change 6 Patient Left against Medical Advice 7 Statistical Discharge from Leave 8 Died 9 To Home / Other	SOURCE OF REFERRAL CODES The facility from which the patient was referred as follows: 0 Born in Hospital 1 Admitted Patient Transferred from Another Hospital 2 Statistical Admission - Care Type Change 4 From Accident/Emergency 5 From Community Health Service 6 From Outpatients Department 7 From Nursing Home 8 By Outside Medical Practitioner 9 Other	TRANSFER CODES - TRANSFER IN OR TRANSFER OUT U Up Transfer: This / the next Hospital stay is expected to be more resource intensive than the next / previous hospital stay D Down Transfer: This / the next hospital stay is expected to be less resource intensive than the next / previous hospital stay L Lateral Transfer: This / the next hospital stay is expected to be of similar resource intensity as the next / previous hospital stay X Unknown
CARE TYPE CODES The type of service for which the patient was initially admitted: 10 Acute Care 11 Mental Health Care 20 Rehabilitation Care 21 Rehabilitation Care Delivered in a Designated Unit 22 Rehabilitation Care According to a Designated Program 23 Rehabilitation Care is the Principal Clinical Intent 30 Palliative Care 31 Palliative Care Delivered in a Designated Unit 32 Palliative Care According to a Designated Program 33 Palliative Care is the Principal Clinical Intent 40 Geriatric Evaluation and Management 50 Psychogeriatric Care 60 Maintenance Care 70 Newborn Care 80 Other Admitted Patient Care 90 Organ Procurement - Posthumous 100 Hospital Border	ICU HOURS The number of hours spent by the patient in one or more of the following: ICU, CCU, Neonatal Intensive Care, Paediatric Intensive Care. This does not include days spent in Special Care Nurseries or High Dependency Units. MY (MECHANICAL VENTILATION) HOURS The number of hours (rounded) for which the patient received mechanical ventilation during the episode. SAME DAY STATUS CODES 8 Patient with a Valid Arrangement allowing for Overnight Stay for Procedure normally performed on a Same Day Basis (Please complete Overnight Stay Certification) 1 Same Day Patient 2 Overnight Patient (other than type 8 above)	
MENTAL HEALTH LEGAL STATUS CODES 1 Involuntary 2 Voluntary 9 Not reported/unknown	INTER-HOSPITAL CONTRACTED PATIENT CODES 1 Inter-Hospital contracted patient from public sector 2 Inter-Hospital contracted patient from private sector 3 Not contracted 9 Not reported	

* Based on Hospital Casemix Protocol data definitions published by the Australian Government Department of Health where applicable.

4. DAY ONLY PROCEDURES AND OVERNIGHT STAY CERTIFICATION

(PLEASE TICK (✓) BELOW)

DATE OF SERVICE:

☐ Day Only Procedures - Certification
 Certificate for the purpose of Schedule 3, Part 2, section 7, Private Health Insurance (Benefit Requirements) Rules 2011

☐ Overnight Stay Admission - Certification
 Certificate for the purpose of Schedule 1, Part 3, sections 10 & 11, Private Health Insurance (Benefit Requirements) Rules 2011

I certify, for this day/overnight stay, it would be contrary to accepted medical practice to provide the procedure to the patient unless the patient is given hospital treatment at the hospital for a period that does not include part of a day/overnight stay, because of:

☐ The medical condition of the patient named overleaf, namely....

☐ Other special circumstances, namely....

Please specify medical condition and / or other special circumstances:

Name of medical practitioner providing the procedure:

Name of authorised hospital health professional involved in the provision of the procedure:

Date of Consultation / /
 Certifying the Need for Overnight Hospital Care:

Time of Consultation (24hr) :

Signature of treating Medical Practitioner providing the procedure (Type B and C) or professional involved in the provision of the procedure (Type B only)

Date: / /

Step 2: The relevant procedures occur

You admit, treat, discharge and invoice.

The right hand side of the form may be accessed:

3. HOSPITAL ACCOMMODATION DETAILS (To be completed by Hospital; please see overleaf for codes.)									
Admission Date:					Separation Date:				
Admission Code	Accom. Code	Date From	Date To	Discharge Code	Days Stayed	Payment Type Code	Amount Charged		
							<input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other:		
Same Day Patients Only (Please tick <input checked="" type="checkbox"/>) boxes below)						Time in Theatre (ALL EPISODES – 24 hr)			
Admission Time (0000)	Separation Time (0000)		Same Day Band (1-4)		From		To		
Anaesthetic: None	Local	Intravenous	Regional	General	From		To		
Theatre/MBS (Principal MBS first)					Other Services				
MBS Seq	Date of Service		Amount Charged		Code	Date of Service	Number	Amount Charged	
*									
Certificates Attached:					Same Day Certification				
Please tick <input checked="" type="checkbox"/> Acute <input type="checkbox"/> Psych <input type="checkbox"/> Rehab <input type="checkbox"/> ICU <input type="checkbox"/> NICU <input type="checkbox"/> Pt. Election <input type="checkbox"/>					<input type="checkbox"/> See Section 4 overleaf				
Diagnosis / Procedures / Other Details									
DISE		DISE VERSION		PRINCIPAL DIAGNOSIS ICD-10-AM					
Additional Diagnosis ICD-10-AM									
Procedure Codes ACHI (Principal Procedure first)	*								
Inter/Neurocare Weight (grams)	Age in Days	Urgency of Admission	Meds of Separation	Source of Referral	Transfer In				
Care Type	Non-Acute Length of Stay	Total Leave Days	ICU Hours	MV Hours	Transfer Out				
Same Day Status	Mental Health Legal Status	Inter-Hospital Contracted Patient	Unplanned Theatre Visit During Stay	Planned Theatre Transfer From	Planned No. of Hospital Transfers To		Planned No. of Hospital Transfers To		
			Yes <input type="checkbox"/> No <input type="checkbox"/>						
I certify the above information is true and correct according to our records for this period of hospitalisation. The hospital authorises the fund or its agent to inspect all records applicable to the patient for the purpose of determining appropriate benefits.									
Authorising Hospital Officer's Signature:					Date: / /				

- Load the paper template into a relevant printer, so the right hand side is printed onto the previously signed left hand side document. This results in a merged, complete form.
- Use a tool such as **Adobe PDF Editor** or **PDFtk Pro** to layer the two PDFs together.

Example: PDFtk Pro to merge PDFs together. If necessary, this tool allows you to split PDFs into individual pages, layer them, and recombine the results.


PDFtk Pro

First, add your input PDFs. Order them via drag-and-drop. Their pages will be copied and merged to create your new PDF.
List the pages to copy using a mix of page numbers (e.g. 1,3,7) and page ranges (e.g. 1-3,12-4,20-8). You can also append "even" or "odd" (e.g. 1-10even).
You can list the same page numbers or ranges more than once. You can also list the same PDF document more than once.

Add PDF...

Copy Selection

Remove Selection

File Name	Page Count	Pages to Copy - Double-Click to Change
 Left side.pdf	2	1-2

Total Output Pages:
2

Next, add optional processing for your output PDF.

Rotate Pages

Direction: Clockwise 90°
Pages:

Save: ☐

Watermark

Stamp: ☐ Watermark PDF: C:\Users\Zed Liu\Desktop\Right side.pdf

Select File ...

Save: ☐

Advanced

Advanced Output Options: %PDFTK% %PDFIN% output %PDFOUT%

Save: ☐

Secure

Password Required to Open: Password Required to Remove Security:

Save: ☐

Finally, create your new PDF.

Create PDF...

Afterwards: Do Nothing

Report Bug

Show Log File

Open Online Help

Reset Form

Close