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 6.89 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.

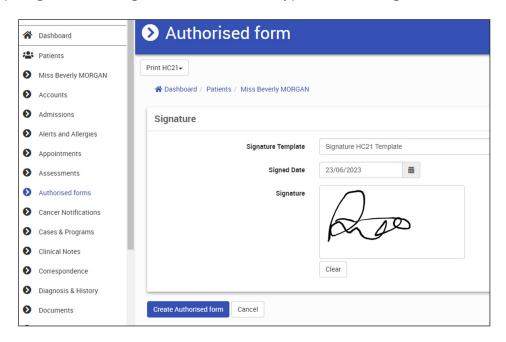
Permissions:

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:

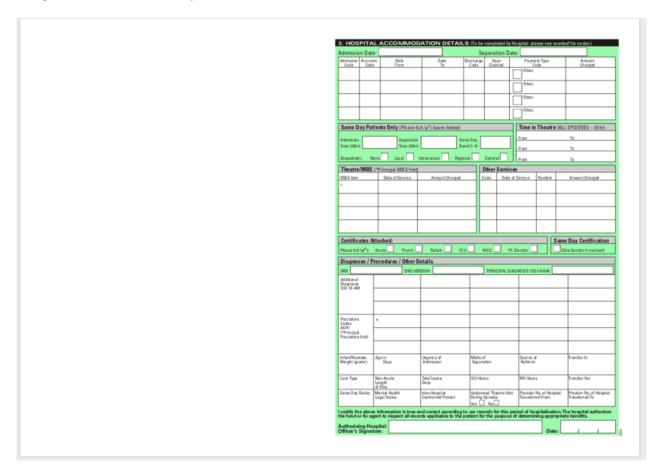
Private Health Fund	d Hospital		
Hospital Provider Number	Hospital Record Number		
	SHIP DETAILS (Please print and insert 6		
Family Name of Patient Given Names of Patient		Mr/Mrs/Miss/Ms	
Membership Number	Level of Cover		
Relationship of Patient to Member	Patient's Date of Birth Age		
Family Name of Member	Mr/Mrs/Miss/Ms		
Given Names of Member			
Residential Address of Member			
		Postcode	
Is this a permanent address? Yes Telephone: Home	s □ No □ Email □ □ □ □ Work ()	Mobile	
Adding a newborn child to your		Date of Birth / /	
Family Name	Given Names		
Full name of Admitting Medical I	Practitioner:		
2. DECLARATION CONCERNII Patient/Guardian to complete (p	NG CLAIM (The accurate answers to the	se questions are an essential part of this claim) Yes No	
Have you lodged a claim for compensa Did the injury or condition occur at wo Did the hospitalisation result from a man Did the hospitalisation result from any Does the patient have an entitlement to Is the patient a full-time student depen-	rk, going to or from work or as a result o other type of accident? other type of accident? of ree treatment under Australian Veteran dant over 17 years and under 25 years?	of being at work?	
	ms: / / Date patient first cons	sulted a doctor for symptoms:	
	hospital charges explained prior to adm lect to be treated as a private patient? (P		
☐ I hereby declare and warrant that al ☐ I authorise the hospital or any other	I the above information provided in con r authorities concerned with this hospit	nection with this claim is true and correct talisation, injury, disease or ailment, or the	
Federal Government, to the private	Il information, including Hospital Casem health fund for the purpose of providing	nix Protocol information as required by the g private health insurance in accordance	
with the fund's privacy policy. I authorise my health fund to pay be	enefits directly to the hospital.		
Patient's/ Guardian's Signature:		Date: / /	
CODES FOR CLAIM FORM ITEMS* ADMISSION CODES 1 Admission Claim 2 Confinention Graim 2 Confinention Graim 2 State Re-admission within 22 Days 4 Same Day 5 Imander from Another Hospital 6 Other Re-admission	ACCOMMO DATION CODES 1 Single Bloom 2 Shared Bloom 4 Interview Care 5 Other Care 6 Neconstal 7 Naming Hone Type Patient 8 Rehabilisation Program 9 Psychiatric Program 9 Psychiatric Program 1 Outer act Nigrosal in the Hone Care	DISCHARGE CODES 1 Discharged 2 Erection Claim 4 On Laws 5 Transfer to Another Hospital 6 Early Discharge Program PANENT TYPE CODES PRESS TO THE TOTAL TO THE TOT	4. DAY ONLY PROCEDURES AND OVERNIGHT STAY CERTIFICATION (PLEASE TICK (I BELOW) DATE OF SERVICE: Day Only Procedures – Certification Certificate for the purpose of Schedule 3, Part 2, section 7, Private Health Insurance (Benefit Requirement) Rules 2011 Overright Stay Admission – Certification Certificate for the purpose of Schedule 1, Part 3, sections 10 & 11, Private Health Insurance (Benefit Certificate for the purpose of Schedule 1, Part 3, sections 10 & 11, Private Health Insurance (Benefit Certificate for the purpose of Schedule 1, Part 3, sections 10 & 11, Private Health Insurance (Benefit Certificate for the purpose of Schedule 1, Part 3, sections 10 & 11, Private Health Insurance (Benefit Certificate for the purpose of Schedule 1, Part 3, sections 10 & 11, Private Health Insurance (Benefit Certificate for the purpose of Schedule 1, Part 3, sections 10 & 11, Private Health Insurance (Benefit Certificate for the purpose of Schedule 1, Part 3, sections 10 & 11, Private Health Insurance (Benefit Certificate for the purpose of Schedule 1).
OTHER SERVICES CODES	INFANT / NEONATEWEIGHT	(Hospital to insert other payment type) URGENCY OF ADMISSION CODES	Requirements) Rules 2011
1 Labour Ward 2 Theatre Fee	The admission weight rounded to the nearest gram.	Urgency status assigned – emergency Urgency status assigned – elective	I certify, for this day/overnight stay, it would be contrary to accepted medical practice to provide the procedure to to patient unless the patient is given hospital treatment at the hospital for a period that does not include part of a
3 Pharmaceuticals 4 Nursery Fee 5 Disposables		3 Urgency status not assigned 9 Not known/ not reported	day/overnight stay, because of: The medical condition of the patient named overleaf, namely
6 Prostheses 8 Allied Health Services			
7 Other MODE OF SEPARATION CODES	SO URCE OF REFERRAL CODES	TRANSFER CO DES – TRANSFER IN OR	Other special circumstances, namely
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Step 2: The relevant procedures occur

You prepare the IHC claim.

You are now ready to finalise the form.

The right hand side of the form may be accessed:



Sometimes, this may generate multiple pages if there are a large number of procedures.

Step 3: Form finalised

You can either:

- 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.

