

PCI Claims - Overview

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Overview

Patient Claims Interactive (PCI) allows real-time processing of a single claim and is available during Medicare Australia operating hours.

PCI allows claims to be transmitted and assessed at the time of billing and will return an outcome immediately.

PCI claims are generally sent to Medicare at the time of billing or receipting, but a claim can be submitted to Medicare up to 2 years after the treatment date.

There are two different ways for [Sending PCI Claims](#) in CareRight

Method 1: The patient pays the invoice amount in full > PCI will be prepared and sent via CareRight to Medicare > **Statement of Claim** is available instantaneously and reimbursement is processed within a couple of hours.

Method 2: The patient does not pay the invoice amount but instead the CareRight user prepares and sends the PCI to Medicare via CareRight. The patient then receives a cheque from Medicare for forwarding to the Practice to finalize the invoice. This is the **Pay Doctor via Claimant (PDVC)** scheme. Note that if the patient has not forwarded the cheque within a 90 day period this may be cancelled and paid directly to the practice via EFT. See **Pay Doctor via Claimant (PDVC)** for more.

Notice

In order to process PCI, the patient account must be private against the outpatient service location.

The claiming result will be processed from Medicare directly to the patient, with no medical provider involved.

Deleting of PCI Claims are restricted to same-day Delete in CareRight. Refer to [Delete PCI Claims](#) for more information. User can then resend the claim once they finalize the delete.

Permission

A PCI claim can be marked to Cancelled y Medicare only if the user has the "override_medicare" role. and Medicare has advised for you to do so. Refer [PCI- Mark Cancelled by Medicare](#) for more information.
