Scope of Data Collection (GT Dental)

The GT-Dental data specifications specify the data health insurers must supply to the Department for dental services (coded under an Australian Dental Association code) for which they have paid benefits.

ADA Code	Description
11	Comprehensive oral examination
12	Periodic oral examination
13	Oral examination – limited
14	Consultation
22	Intraoral periapical or bitewing radiograph - per exposure
71	Diagnostic model – per model
111	Removal of plaque and/or stain.
114	Removal of calculus - first visit
121	Topical application of remineralising and/or cariostatic agents, one treatment
161	Fissure sealing - per tooth
311	Removal of a tooth or part(s) thereof
521	Adhesive restoration – one surface – anterior tooth – direct
522	Adhesive restoration – two surfaces – anterior tooth – direct
523	Adhesive restoration – three surfaces – anterior tooth – direct
531	Adhesive restoration – one surface – posterior tooth – direct
532	Adhesive restoration – two surfaces – posterior tooth – direct
533	Adhesive restoration – three surfaces – posterior tooth – direct
534	Adhesive restoration – four surfaces – posterior tooth – direct
575	Pin retention – per pin
577	Cusp capping – per cusp
615	Full crown - veneered – indirect

For further information about the data reporting requirements, please refer to the following legislation:

- *Private Health Insurance Act 2007*
- *Private Health Insurance (Data Provision) Rules 2011*

This document specifies the data to be provided from Insurers to the Department.

Reporting Unit

Reporting is to be completed at the service event level.

Monthly Reporting

The insurer will provide the information specified in the GT-Dental Protocol to the Department within 4 weeks after the end of each claims processing month for each service event where a benefit has been paid. For example, data for the month of July is to be provided by 31 August.

Reversals are permitted in this collection. Reversals should be reported based on date of cancellation. The reversal may therefore be reported in a different month to the claim the reversal relates to.

Notes

- If the input file is not structured as per page 1, it will be rejected.
- If any characters, other than those specified in this document are detected, such as end of line or end of file characters, the record or file will be rejected.

Notes about the specifications

The ***data item column*** indicates the short name for the data item and, where applicable, the reference number for the item in the National Health Data Dictionary as accessed via the Metadata Online Registry (METeOR) at: http://meteor.aihw.gov.au/content/index.phtml/itemId/237518

The ***obligation column*** indicates whether provision of each particular data item is:

- MAA - Mandatory for all general treatment providers
- O - Optional for all general treatment providers

The ***position column*** indicates the position within the fixed file format that each data item is to be reported.

The ***type and size column*** indicates the number and type of character/s the data item should contain where:

- A indicates the data item contains alphanumeric characters (alphabetic, numeric and other special characters). Data must be left justified.
- N indicates the data item contains numeric characters (numbers 0 to 9) only. Data items must be right justified and zero-prefixed to fully fill the item unless otherwise stated in the coding description. All values must be positive.

The ***format column*** indicates the format of the characters of the data item:

- *DDMMYYYY* indicates the data item contains date information where DD represents the day, MM represents the month and YYYY represents the century and year. For example, 5 July 2006 would be entered 05072006
- *hhmm* indicates the data item contains time information based on a 24-hour clock, where hh represents the hour and mm represents the minutes. For example 2.35pm would be entered 1435.
- *blank filled* , in relation to a data item, means that the data item is filled with blank spaces.
- *zero filled* , in relation to a data item, means that the data item is filled with zeros.
- *zero prefix* means that leading zeros are to be inserted if necessary to ensure that the number of characters in the entry matches the data item size specified for the item.
- *Charges & Benefits* - supply in dollars and cents (omit decimal point) with leading zeros to fully fill item. Negative amounts are permitted for reversals. An entry of 000000000 means that no benefit/charge was recorded.

See the coding description column for any other special formatting requirements.

The ***repetition column*** indicates the number of times the data item is repeated within the data file.

The ***coding description column*** provides the definition for the data item, valid values and any additional information to clarify what data should be reported and how. If a METeOR reference is indicated in the data item column, refer to the National Health Data Dictionary for definition and collection methods.

The ***edit rules column*** outlines the edit checks the Department will run the data through using the Check-It software. These are split into critical errors where data will be rejected and warnings where data will be identified.

The ***error codes column*** indicates the error code attributed to each of the edit checks.

Definitions/Acronyms

In this document:

ADA means the Australian Dental Association

General Treatment (GT) as specified under Section 121-10 of the *Private Health Insurance Act 2007*
insurer means a private health insurer.
NHDD means the (most current version of the) 'National Health Data Dictionary', accessible via the Metadata Online Registry (METeOR).
service event means an interaction between one or more health care providers with one or more persons for assessment, care, consultation and/or treatment.
PHIAC means the Private Health Insurance Administration Council.
General Dentist means a dentist that is currently registered with the Dental Board in the State or Territory for the practice location required.
Specialist Dentist means a dental specialist that holds a specialist registration with the Dental Board in their State or Territory to practise in a particular speciality (eg. Endodontist, Oral and Maxillofacial Surgeon, Oral Surgeon, Orthodontist, Paedodontist)
CHECK-IT2 is a software application developed by the Department to check and report the compliance of PHDB and HCP data files against the data specifications. It was produced to assist hospitals and health insurers submit correct and timely HCP and PHDB data.

Guide for Use

File Naming Convention - The first three characters of the file name should be the insurer's three-character identifier. This is to ensure correct identification of the file's source.

Further information

For further information about the General Treatment requirements, please see the following websites:

General information about the data collection, health insurer codes, reports and software
www.health.gov.au/casemix
Metadata and health dictionary specifications
http://meteor.aihw.gov.au/content/index.phtml/itemId/181162
For private health insurance industry information
www.phiac.gov.au

Item	Quantity	Type & size	Format	Values/description
FILE HEADER	one per physical file of data	A(6) A(6) N(6)	YYYYMM	Valid value 'GTDATA' YEAR-MONTH (last month of the claims processing month reported) Number of service events in this file
SERVICE EVENT RECORD	many per Insurer	A(106)		107 characters; record type of 'S' followed by 106 character record as specified in this document.

No	Data Item	METeOR identifier	ECLIPSE identifier	Obligation	Position Start	Position End	Type & size	Format	Repetition	Coding description	Edit Rules	Error code/s
1	Insurer Identifier			MAA	1	3	A(3)	Left justify	1	Insurer identifier selected from the list of registered private health insurers.	**Reject** record if not a valid insurer code	SE001
2	Claim ID			MAA	4	13	A(10)	Left justify	1	A unique identifier of the claim that includes this service event record. Where a claim has multiple claim lines/service events, it is expected that the same claim ID will be used for each of the service records.	**Reject** record if blank	SE002
3	Provider number			MAA	14	21	A(8)	AAAAAAAA	1	Identifier for providers as provided on the claim record or generated by the insurer. Where possible, this should be the Medicare issued dental Provider Number.	**Reject** record if blank	SE003
4	Person Identifier			MAA	22	42	A(21)	Left justify	1	This is an insurer-specific person identifier, unique within an establishment or agency, regardless of any change in membership. This number should be consistently used for each event that a person receives so that a patient's journey can be constructed regardless of place of care.	**Reject** record if blank	SE004
5	Date of Birth	287007		MAA	43	50	A(8)	DDMMYYYY	1	The date of birth of the person.	**Reject** record if not in format DDMMYYYY	SE005
6	Postcode - Australian	287224		MAA	51	54	N(4)		1	The numeric descriptor for a postal delivery area, aligned with locality, suburb or place for the address of a person. 9999 = unknown postcode 8888 = overseas	**Reject** record if not (a valid Australian postcode or 9999 or 8888)	SE006
7	Sex	287316		MAA	55	55	N(1)		1	The biological distinction between male and female, as represented by a code. 1 = Male 2 = Female 3 = Intersex or Indeterminate 9 = Not stated / inadequately described	**Reject** record if not (1, 2, 3 or 9)	SE007
8	Service date			MAA	56	63	A(8)	DDMMYYYY	1	The date of the GT service event of treatment commenced.	**Reject** record if not in format DDMMYYYY	SE008
9	Service code			MAA	64	74	A(11)	Left justify Blank fill	1	A valid ADA code (from the Australian Schedule of Dental Services and Glossary Ninth Edition (2009)) which indicates the procedure undertaken in the service event.	**Reject** record if not a valid ADA code	SE009
10	Number of items			MAA	75	77	N(3)	Right justify Zero prefix	1	The number of items provided for the claim reported in this record. Reversals are permitted and the negative sign must be the first character – eg "-03".	**Reject** record if not numeric	SE010
11	Service charge			MAA	78	86	N(9)	Right justify Zero prefix $$$$$$$cc (omit decimal point)	1	The gross charge raised for the service event. Zero fill if no amount charged. Reversals are permitted and the negative sign must be the first character – eg "-00010000".	**Reject** record if not numeric or zero	SE011
12	Service benefit			MAA	87	95	N(9)	Right justify Zero prefix $$$$$$$cc (omit decimal point)	1	The gross benefit paid for the service event. Zero fill if no amount paid. Reversals are permitted and the negative sign must be the first character – eg "-00010000".	**Reject** record if not numeric or zero	SE012

No	Data Item	METeOR identifier	ECLIPSE identifier	Obligation	Position Start	Position End	Type & size	Format	Repetition	Coding description	Edit Rules	Error code/s
13	Bulk Payment Flag			MAA	96	96	A(1)			Flag to indicate if this claim is part of a bulk claim payment, and if so, how the payment is apportioned B = Weighted Proportioned Bulk Payment. E = Equally Proportioned Bulk Payment U = Unknown Proportioned Bulk Payment Leave blank if the claim is NOT part of a bulk claim payment (ie each claim has an individual charge).	**Reject** record if not blank and not (B, E or U).	SE013
14	Benefit limit flag			MAA	97	97	A(1)			Flag to indicate if the benefit amount (item 12) was limited due to conditions of the product. Y = Benefit limit has been reached. N = Benefit limit was not reached. The full service benefit amount was paid. Leave blank if not known.	**Reject** record if not blank and not (Y or N)	SE014
15	Full Service benefit			MAA	98	106	N(9)	Right justify Zero prefix $$$$$$$cc (omit decimal point)	1	The gross benefit for the service event. Specify where a benefit limit has been reached (benefit limit flag = Y) which results in the benefit paid (item 12) being less than the full benefit normally paid. Leave blank if unknown or the benefit limit flag = N.	**Reject** record if not blank and (not numeric or zero)	SE015

Total record length = 106