Ancillary Providers Guide

GMHBA Health Insurance

Effective 1 November 2025

GMHBA HEALTH INSURANCE

The intended use of this guide is to support recognised ancillary and/or allied health providers only.

Recognition criteria can be found on our website at: gmhba.com.au/contact-us/provider-registration/ancillary

It is GMHBA Limited's expectation that providers adhere to all HICAPS or HealthPoint agreements and code of ethics and requirements relevant to their discipline's governing body.

Hospital and medical providers should refer to relevant Australian, state, and territory government regulations and guidelines as well as any relevant active agreements.

General Conditions

These conditions apply to all recognised providers and relate to GMHBA's Fund Rules: gmhba.com.au/fund-rules

Treatment to be provided by recognised providers

Benefits are payable only where treatment is provided by a recognised provider.

Refer to gmhba.com.au/contact-us/provider-registration/ancillary for further information.

GMHBA Limited recognises the following providers:

a) General treatment providers who are in independent private practice

b) For each relevant class of service or treatment, providers must satisfy all applicable recognition criteria with Medicare or other GMHBA Limited approved industry body such as the Australian Regional Health Group (ARHG) or Australian Health Practitioner Regulation Agency (AHPRA)

c) Approved by GMHBA Limited in its absolute discretion.

Benefit reductions

Benefits may be reduced in the following circumstances:

- Where the charge is lower than the benefit that would otherwise have been payable, the benefit shall be reduced to the amount of the charge
- Where a benefit is claimable from another source for the same service, the GMHBA benefit may be reduced by the amount claimable from the other source, and
- Where in the opinion of GMHBA Limited the charge is higher than the usual charge for the service, GMHBA may assess the claim as if the usual charge has been applied.

Providers treating themselves, family members, and or business partners

a) Subject to b), benefits are not payable for treatment rendered by a provider to:

- The provider's partner, dependant, or business partner, or
- Family members of the provider and the providers business partner including: spouse, sibling, children, parents, grandparents and grandchildren, or
- The provider themselves
- The partner or dependants of the provider's business partner, or
- Any other person not independent from the practice.

b) GMHBA Limited may at its discretion pay benefits in these cases:

- Where it is satisfied that the charge is a legally enforceable debt, or
- In respect of the invoiced cost of materials required in connection with any treatment.

Benefit assessment

GMHBA may request additional information from a policyholder or the treating provider prior to or after the payment for benefits. Information requested will be directly related to a claim where the policyholder has made a declaration requesting benefits be paid to the policyholder or their health service providers.

Such information may include but is not limited to:

- Invoices
- Receipts
- Treatment plans
- Prescriptions
- Medical or patient records and clinical notes.

Benefit restitution

GMHBA Limited may seek reimbursement of benefits paid directly to a provider where:

a) A claim contains false or misleading information

b) A claim is incorrectly assessed

c) A claim is paid after the termination date of the membership

d) Information is received after the claim has been paid which establishes that the benefit should not have been paid.

Incorrect or fraudulent claims

If a claim is found to be incorrect or fraudulent, GMHBA Limited may at its discretion:

- Suspend access to electronic (point of sale) claiming
- Offset the amount paid against future claims
- Seek repayment of incorrectly paid benefits
- Notify the appropriate authorities.

Any provider, regardless of modality, may have access to electronic claiming suspended by GMHBA Limited at its absolute discretion:

- When suspected inappropriate use of electronic claiming (including failed audit or suspected fraudulent activity)
- Non-response or incomplete response to audit requests.

Limitations on consultations provided on the same day

GMHBA Limited has limitations on consultations provided on the same day:

a) Members can only claim one consultation and/or treatment type on the same day

b) This rule is applicable to the same service or treatment type where consultation is provided in an individual or group setting.

Obligations of recognised providers

A recognised provider must:

a) Undertake in a diligent and professional manner the provision of treatment, goods or services to members and maintain the quality of the treatment, goods or services;

b) Comply with each law, and each requirement arising from a law, and hold and maintain every required licence, permission and registration necessary to provide treatment, goods or services to members including as required by the Private Limited (Accreditation) Rules;

c) Conform to the general standards required by all relevant regulatory bodies including keeping and maintaining complete and accurate records of treatment and services provided;

d) Not act contrary to the interests of GMHBA Limited or in a way which brings GMHBA Limited into disrepute;

e) Promptly advise GMHBA Limited of any event or occurrence that the recognised provider is aware of which may reasonably be expected to lead to a complaint about GMHBA Limited from any person;

f) Not provide information to GMHBA Limited which is false or misleading;

g) Not mislead or deceive GMHBA Limited in any other manner including failing to provide true and full information at any time;

h) Not act or attempt to act improperly so as to:

- Obtain an unfair advantage for himself/herself or another person; or
- Cause loss or damage to GMHBA Limited; and

i) Only provide a treatment, good or service to a member while engaging in private practice if you do not otherwise make that treatment, good or service available to persons while not engaging in private practice.

Ancillary claiming criteria

Claims are only applicable to members with eligible cover.

Invoices and receipts

Practitioners and businesses must include the below information on all invoices or receipts:

- The name and address of the client/member
- The date of service
- A description of the service provided that aligns with the Private Healthcare Australia (PHA) endorsed schedule (if applicable)
- Itemised detail of each item or service
- Provider's full name, company name or trading name
- A valid ABN and/or ACN as applicable
- The location the service was provided
- A valid provider number (including but not limited to):
  - Services Australia provider number for the location
  - ARHG Provider Number
  - Health Fund Issued Provider Number

Benefits are only payable on itemised receipts.

Receipts which have been altered in any way will not be accepted.

Providers are required to reissue any receipts or endorse any alterations.

Where the client/member address is not included on the invoice/receipt the health fund member is required to complete a claim form.

Electronic ancillary claiming

Electronic claiming via HICAPS or HealthPoint is only allowed where the service billed is delivered on that date.

Please note the below services must be submitted by the member to the fund manually:

- Bundled or packaged services where the invoice is a bulk fee for multiple dates of service
- Optical devices where a complete optical device (including both lenses and frames) is not being claimed in a single transaction
- Health appliances that require a doctor's letter of recommendation.

Please refer to exclusion section below for more information.

Extras services purchased over the internet

Optical and pharmaceutical benefits will be paid for extras services purchased online from Australian providers where a script is provided. For a company to be considered an Australian provider, an ABN needs to be visible on the company's website. Consistent with current GMHBA rules, benefits for services or treatment received or purchased overseas are excluded.

Physiotherapy

Group sessions must not exceed six participants, the provider must be readily accessible during the entire course of a session, and the session must be of sufficient length to allow feedback and adjustment for each participant to occur.

Benefits are payable towards hydrotherapy group sessions only when overseen by a physiotherapist.

For group physiotherapy and hydrotherapy, an individual assessment by a physiotherapist must have been previously provided.

Optical

Optical claiming includes prescription glasses (frames and lenses) and contact lenses.

GMHBA Limited define optical as the provision of a sight-correcting appliance upon prescription by a recognised provider.

Where frames are purchased separately from prescription lenses, the claim should be submitted by the member to the fund for manual assessment on completion of the prescription lenses being fitted. These claims must not be processed via HICAPS or HealthPoint.

Orthodontics

For benefit payments, orthodontic treatment is regarded as commencing on the date the appliance is originally fitted. Limits apply every calendar year and benefits may be claimed as long as the treatment is still ongoing, up to the person's lifetime limit.

Orthotic appliances (foot)

Must be custom made by a registered podiatrist or orthotist. For an orthosis to be custom made, a plaster cast, mould or a positive model must be created. Customising, heat moulding, trimming or adjusting an existing 'off the shelf' appliance does not involve this process and therefore does not constitute a custom-made appliance.

Orthopaedic appliances

Must be custom made. For an orthosis to be custom made, a plaster cast, mould or positive model must be created. Customising, heat moulding, trimming or adjusting an existing 'off the shelf' appliance does not involve this process and therefore does not constitute a custom-made appliance.

Replacement rule

A benefit replacement rule applies to a number of items/services covered by GMHBA's extras covers. The rule requires that after a member claims for such an item, they must wait a specified period of time before they can lodge another claim for the same type of item. The replacement rule applies to the following items/services:

- dentures
- crowns
- hearing aids
- blood glucose monitor
- blood pressure monitor
- extremity pump
- GMHBA Limited approved orthopaedic appliances

- nebuliser pump
- non-surgical medical devices and human tissue products
- pressure garments
- sleep apnoea monitor
- TENS monitors.

Individual telehealth consultations

One on one telehealth consultations are covered with a GMHBA recognised provider, for services as approved by GMHBA. A list of recognised modalities is available at gmhba.com.au/telehealth and may be changed periodically. Telehealth services are considered a substitutional service, and meet the requirements, to what would otherwise be undertaken as a standard face to face consultation, are covered in accordance with industry association guidelines by using appropriate telehealth delivery services that satisfy the requirements of the patient/condition to be treated. Telehealth consultations may not be appropriate for all situations. Benefits are subject to the member's level of cover, waiting periods and annual limits or sub-limits.

Doctor's letter of recommendation

The following services require a doctor's letter of recommendation in support of claims:

- blood glucose monitor
- blood pressure monitor
- extremity pump
- GMHBA Limited approved orthopaedic appliances
- nebuliser pump
- non-surgical medical devices and human tissue products
- pressure garments
- sleep apnoea monitor
- quit smoking programs
- TENS monitors.

GMHBA does not pay benefits for the hire of any health appliance or equipment.

Ancillary exclusions

Exclusions on extras

A member cannot claim for the following:

- Services or treatment for which anyone covered has a right to claim damages or compensation from any other person or body.
- Treatment where the member and/ or dependant is eligible for fully or partially subsidised treatment under any Commonwealth or State Government Act.
- Services or treatment rendered more than two years prior to the date of claiming.
- Services or treatment not covered by their membership and/or is rendered while the membership is in arrears, is suspended or while serving waiting periods.
- Services or treatment rendered by a practitioner not in private practice and/ or not recognised by bodies approved by GMHBA.
- Cosmetic services or treatment rendered by a practitioner.

Pharmacy exclusions

- The supply of contraceptives, fertility and IVF drugs.
- Items available through the Pharmaceutical Benefit Scheme (PBS).
- Food supplements.
- Pharmacy items, where they are available over the counter and purchased with or without a prescription.
- Supply of liquid filled Temazepam capsules.
- Pharmaceuticals purchased overseas.
- Pharmaceuticals not listed on the Australian Register of Therapeutic Goods (ARTG).
- Immunisation services rendered in the course of the carrying out of a mass immunisation.
- Non-PBS pharmaceutical items that are not classed as S4 or S8 (as per the ARTG).

Dental exclusions

- Dental procedures where a limit on the number you can have has been exceeded.
- Dental procedures unless tooth identifications (ID) are supplied by the provider.
- Dental procedures carried out and charged by a dental mechanic, other than an advanced dental technician.
- A range of dental procedures when provided on the same day e.g. a filling on a tooth that has been removed.

Please contact us for further information relating to these exclusions.

Foot orthotic exclusions

- Foot orthotics provided by a physiotherapist or chiropractor.
- Customised heat moulded, trimmed or adjusted ‘off the shelf’ orthotics.

Orthopaedic appliance exclusions

- GMHBA specified and approved orthopaedic appliances purchased for support purposes only.

Optical

- Non-prescription glasses and repairs.
- Frame only purchases that are not fitted with prescription lenses.

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GMHBA Health Insurance

GMHBA Health Insurance
Level 3, 60 Moorabool St, Geelong VIC 3220
PO Box 761 Geelong VIC 3220

gmhba.com.au
T 1300 446 422
ABN 98 004 417 092

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