GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FAQ
FREQUENTLY ASKED QUESTIONS

Managing Medicare Billing

GP registrars start their first term of training often with no prior experience in billing Medicare. The Medicare system is complex even for experienced GPs, so it is important supervisors and practice managers offer registrars support in correctly navigating the system.

How can I summarise Medicare for my registrar?

The Medicare program provides access to medical and hospital services for all Australian residents and certain categories of visitors to Australia. The way we refer to billings and compliance is interchangeable. Medicare is the scheme through which the patients access healthcare, whereas the Department of Health (DoH) is responsible for the compliance and administration of the Medicare program

It is important to explain to your registrar that **Medicare is a patient health insurance scheme, not a doctor payment system.**

What is Medicare?
Australia's universal healthcare system.
Patient health insurance scheme – not a doctor payment scheme.
Provides Australians with access to some health services at low or no cost.
Operates pursuant to the *Health Insurance Act 1973*.
More than 5700 item numbers in the Medicare Benefits Schedule (MBS).

How can I summarise the Medicare Benefits Schedule for my registrar?

The Medicare Benefits Schedule (MBS) lists a wide range of consultations, procedures and tests subsidised by the Australian Government.

How can I help my registrar understand the large scale of the MBS?

Doctors often have no idea how many items are on the MBS because they are usually only dealing with their speciality.

Explain to your registrar that the MBS is an enormous publication: it covers more than 5700 item numbers with item descriptors and explanatory notes to assist doctors to submit their billings correctly.

At the time of publication of these FAQs [2019], the MBS benefits schedule review task force had more than 70 clinical committees reviewing each area of clinical practice that the MBS supports. It took three years and more than 700 clinicians, consumers and health system experts to provide detailed advice on how to improve the MBS and keep item descriptors up-to-date.

Who should GP registrars speak to if they have a question about the MBS?

Many Fellowed GPs find the MBS complex to follow, so GP registrars should have lots of questions about the MBS!

The first person they will usually ask for MBS clarification is their GP supervisor, a practice manager, or other practice colleagues. However, there is an inherent risk in doing so, because they may act on incorrect or outdated advice; and if the registrar is audited by the DoH, ignorance will not be a defence to inappropriate billing.

Comments like, "All my colleagues do it" or "My supervisor/practice manager/practice principal told me to do it that way," are not a defence for incorrect billing. Nor will a Fellowed GP be excused if they claim, "Someone at Medicare told me to do it that way 10 years ago."

So, encourage your registrar to seek formal clarification of item numbers and descriptors.

Fellowed GPs or GP registrars with queries relating exclusively to individual interpretation of the MBS, should email askmbs@health.gov.au

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FREQUENTLY ASKED QUESTIONS

Clarification of MBS item numbers and descriptors	
Time sensitive	**Phone:** Department of Health on 132 150 **When:** Monday to Friday, 8.30am to 5pm local time. **Important:** • Take detailed notes of the advice you receive, who provided the advice, and keep it in your medico- legal file for future reference. • Keep up to date with MBS changes and apply them to your practice.
Not time sensitive	**Email:** askmbs@health.gov.au **Important:** • Write a clear, and well-worded question. • Show that you have already read the descriptor and include the exact wording e.g. *I have r ead the item descriptor as per below and I am confused /don't understand. Can I do, X, Y and Z? '[Insert descriptor wording here]'* • Keep any advice you receive in your medico- legal file for future reference. • If the question is more clinical than legal, the MBS may not be able to provide clear advice. Consider asking your college for guidance. • Keep up to date with MBS changes and apply to your practice.

Provider numbers

Who is responsible for ensuring the registrar has a provider number?

Stress to your registrar they can only bill Medicare with a current location-specific provider number. Emphasise that **it is the registrar's responsibility to apply for a new provider number when they start in a new practice.**

If they have not organised a provider number specific to the location of your practice, they cannot start billing, or will need to stop billing, until the issue is rectified.

What registrars need to know about provider numbers

Practitioners eligible to have Medicare benefits payable for their services and/or who for Medicare purposes wish to raise referrals for specialist services and requests for pathology or diagnostic imaging services, may apply in writing to the DoH for a Medicare provider number for the locations where these services/referrals/requests will be provided.

For Medicare purposes, an account/receipt issued by a practitioner must include the practitioner's name and either the provider number for the location where the service was provided or the address where the services were provided.

Private billing versus bulk billing

What should I teach my registrar about private versus bulk billing?

Discuss the following points about billing with your registrar:

- Medicare benefits are claimable only for clinically relevant services rendered by an appropriate health practitioner. A clinically relevant service is one which is generally accepted by the relevant profession as necessary for the appropriate treatment of the patient.
- When a service is not clinically relevant, the fee and payment arrangements are a private matter between the practitioner and the patient.
- Not all treatments have an MBS item, so some things just need to be done within a consult.
- If you are practising in a mixed billing practice, seek informed financial consent when private billing. (Note: The patient's signature is not required, but they should be informed and understand they will be out of pocket).

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FREQUENTLY ASKED QUESTIONS

Can we split payments by charging one item number as bulk bill and another one as private?

It is not possible to split payments for 'additional charges' but possible for 'separate services'.

Refer to "Bulk bill payments to health professionals" at https://www.servicesaustralia.gov.au/organisations/health-professionals/subjects/bulk-bill-payments-health-professionals

Can I charge extra fees if I am bulk billing?

No. The clarification on bulk billing has recently been updated on the DoHS website noted above.

Referrals

What should I teach my registrar about referrals?

Discuss the following points about referrals with your registrar:

- Specialists require a valid referral to allow billing to Medicare.
- Address the referral to the specific-named specialist and clinic, or if you don't have a preference of specialist write a broader referral (e.g. Dear doctor, at name of clinic).
- The referral is valid for the period specified in the referral, which is taken to commence on the date of the specialist's or consultant physician's first service covered by that referral.
- The referral is valid for a single course of treatment.
- A single course of treatment involves the initial attendance by the specialist, the continuing management and treatment up to the stage where the patient is referred back to the referring practitioner, which is usually the GP.
- It also includes any subsequent review of the patient's condition that might be necessary.
- If the review of the patient's condition is past the 12-month period, the GP may need to write another referral, however this is still considered to be part of the initial course of treatment.
- The presentation of an unrelated illness requiring referral to the specialist would allow for a new referral and a new course of treatment.

Are there fines for the GP for backdating a specialist referral?

See MBS Note GN.6.16 for the requirements for referrals at http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=GN.6.16&qt=noteID

These requirements are part of the overall Health Insurance Regulations and compliance is required.

Are referrals for allied health the same?

No, you can do a normal referral to an allied health practitioner (AHP) if the patient is paying privately.

Referrals via a GPMP/TCA require a referral and agreement by the AHP to accept the patient and the completion of the "Referral Form for Chronic Disease Allied Health (Individual) Services".

For more information, visit https://www1.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdiseasemanagement-qanda

Do referrals for allied health referrals under 723 need to be named?

A specific name or type of AHP is acceptable.

A physio hasn't written back to my Enhanced Primary Care (ECP) referral. Am I responsible to follow this up?

As per the referral form, "The AHP must provide a written report to the patient's GP after the first and last service, and more often if clinically necessary."

If you haven't heard back from a minimum of two team care providers since you last billed the plan/review, then you cannot claim a TCA review.

See section 8 of the CDM Q & As at https://www1.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdiseasemanagement-qanda

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FREQUENTLY ASKED QUESTIONS

Item numbers

What should I teach my registrar about item numbers?

- Medicare benefits are based on fees determined for each medical service. The fee is referred to as the Schedule fee, which is contained in the Medicare Benefits Schedule (MBS)
- The MBS contains the list of item numbers available for valid services.
- MBS items require face-to-face service with a patient.
- There are more than 5700 item numbers on the MBS, with more than 270 specific numbers for general practice.

How often do item numbers change and do clinicians receive notification?

Item numbers change regularly and without notice. For this reason, it is important to teach your registrar to regularly check item numbers, even if they/you have used them in the past.

Encourage your registrar to read *Australian Doctor*, which often publishes updates to the MBS. Subscribe to *Australian Doctor* at https://www.ausdoc.com.au/

If you are consulting for both a physical condition and mental health condition which item should be billed?

The MBS states: "If a consultation is for the purpose of a GP Mental Health Treatment Plan, Review or Consultation item, a separate and additional consultation should not be undertaken in conjunction with the mental health consultation, unless it is clinically indicated that a separate problem must be treated immediately."

See MBS Note AN 0.56 at http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.0.56&qt=noteID&criteria=

Team care arrangements

Is it acceptable to get verbal approval from an allied health worker on the phone, document in the medical record, then bill Medicare?

Yes, but as per 3.3 and 8.10 of the CDM Q & As (see link in References, page 6).

When a GP is reviewing GPMP and TCA, and the patient asks the GP to see him for another medical condition, which the GP does, can the GP charge a normal consultation item as well as management review items for the same consult?

No. MBS Note AN.0.47 states Co-claiming of Chronic Disease and General Consultation Items is not permitted for the same patient, on the same day. See: http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.0.47&qt=noteID&criteria=723

Is it a requirement of TCA 732 that the patient must have used the EPC allocated?

Not necessarily, however if you haven't heard back from a minimum of two team care providers since you last billed the plan/review then you cannot claim a TCA review.

When can a 721/723 be billed? When a patient consents for referral to two allied health practitioners do you bill immediately or wait until you have heard from the providers? What is the best way to document this in the records?

The TCA plan needs to show who and how the communication with the team providers occurred. Reference on the plan any letters received and the date. See 8.10 of the CDM Q & As (see link in References, page 6).

Can a 723/ 732 be billed if a GP has evidence of communication from other health professionals involved in care?

If the patient has been seen and you have received communication from a minimum of two team care providers since you last billed the plan/review, then you can claim a TCA review.

Refer to CDM Q & As at https://www1.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdiseasemanagement

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FAQ
FREQUENTLY ASKED QUESTIONS

What if the patient has changed their minds and would now like you to reallocate them to another provider?

This is okay but you need to ensure that the original provider has been informed, and that the alternate provider referral is 'clinically relevant'.

If referring to a specialist as part of TCA, is an agreement required?

Yes. Ref MBS Note AN.0.47 under 'Item 723' and 3.6 of the CDM Q & As. See http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.0.47&qt=noteID&criteria=723

Skin

What should a doctor do if they specialise in skin cancer surgery, submitted a response to a Medicare Review and Act letter, but did not receive a reply?

The doctors should contact their medical indemnity insurer for advice.

When bulk billing for skin surgeries, can you charge a "dressing fee" separately?

No. Refer to "Bulk bill payments to health professionals" at https://www.servicesaustralia.gov.au/organisations/health-professionals/subjects/bulk-bill-payments-health-professionals

When doing a skin procedure and then addressing another a problem, can you bill an item B and then later the skin item according to pathology?

Yes, you can bill a consult on the same day so long as your documentation clearly shows the separate issue – and consult time does not include the procedure time.

Pregnancy

Can you bill a 23 with the item 16500 if the pregnant patient comes with other issues not related to pregnancy?

See MBS Note TN 4.3 at http://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&qt=ItemID&q=16500

(e) Treatment of an intercurrent condition not directly related to the pregnancy can be rendered.

WorkCover

A patient presents and his consultation is billed to Workcover as an item 23 as patient states it was work related. If WorkCover rejects the claim, can the patient/doctor send this to Medicare for payment?

Yes, but ensure good documentation – and you need patient consent.

Second essential consult

A patient is seen by a doctor and sent for X-rays and asked to return with results/films. The doctor claims an item 23. By the time the patient returns, the doctor is gone for the day and another doctor sees the patient for the results. Can this doctor now again claim an item 23 as a second essential consultation?

See "Education guide - Billing multiple MBS items" at https://www.servicesaustralia.gov.au/organisations/health-professionals/topics/education-guide-billing-multiple-mbs-items/33231

Brief consult

Can a GP bill an item 3 for giving phone advice to the patient as a follow-up of results, etc

No – see MBS Note AN 0.1
http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.0.1&qt=noteID&criteria=

When bulk billing for skin surgeries, can you charge a "dressing fee" separately?

No. See MBS Note AN.0.1 at http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.0.1&qt=noteID&criteria=

Can we bill Medicare for consultation for scripts?

See MBS Note AN.0.3 which describes the requirements for a consultation.
http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=AN.0.3&qt=noteID&criteria=

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FREQUENTLY ASKED QUESTIONS

Aftercare

Can you advise on the current rules around aftercare regarding when you can or cannot bill?

The DoH released the Education guide Aftercare or post-operative treatment in June 2019. See https://www.servicesaustralia.gov.au/organisations/health-professionals/topics/education-guide-aftercare-or-post-operative-treatment/33201

Tips to manage Medicare billing

- Read the MBS – and contact the Department of
- Health if you need clarification on a particular item.
- If you are concerned, go for the lesser item and encourage your registrar to do the same.
- Don't rely on what others tell you, and don't be pressured into billing services you don't agree with.
- Remember that you are responsible for your provider number.
- Ensure all services, referrals and prescriptions are 'clinically relevant' and can be justified.
- If you sub-specialise, be even more scrupulous in your billing.
- Take time off! Working longer hours and thus higher than average billing in a full year, is more likely to bring you to the DoH's attention.
- Keep good notes.
- When in doubt, contact your MDO.

Resources

- "CDM by GP Q & A" document from DoH Chronic Disease Management (formerly Enhanced Primary Care or EPC) — GP services webpage at https://www1.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdiseasemanagement This page also has many other resources.
- Primary care (GP, nursing, allied health) – DoH webpage links at https://www1.health.gov.au/internet/main/publishing.nsf/Content/mbs-primary-care
- MBS education for health professionals at https://www.servicesaustralia.gov.au/organisations/health-professionals/subjects/mbs-education-health-professionals
- MDA National article *Billing errors prove costly for doctors* at https://www.mdanational.com.au/advice-and-support/library/blogs/2019/08/billing-errors-prove-costly-for-doctors (Also search 'Medicare' in MDA National library)

Further reading

- GPSA FAQs Medicare Compliance at https://gpsupervisorsaustralia.org.au/download/6350/
- GPSA FAQs Shared Debt Recovery Scheme at https://gpsupervisorsaustralia.org.au/download/6352/

Content reviewed by MDA National. If you need any advice and support, contact MDA National's Medico-legal Advisory Service team on 1800 011 255 or email advice@mdanational.com.au

Does this resource need to be updated? Contact GPSA: P: 03 5440 9077, E: ceo@gpsupervisorsaustralia.org.au, W: gpsupervisorsaustralia.org.au
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