



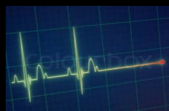
### No Medicare Rebate Applies




- GP Telephone, video consultations
- Letters of advice by medical practitioners
- Any service when the patient is not in attendance (incl scripts)
- Post mortem examinations
- Death certificates, cremation certificates
- Counselling of relatives
- Services related to employment
- Group attendances (other than group attendances covered by items 170, 171, 172, 342, 344 and 346) such as group counselling, health education, weight reduction or fitness classes do not qualify for benefit.
- Attendance on a patient at which it is determined that life is extinct can be claimed under the appropriate attendance item. The outcome of the attendance may be that a death certificate is issued, however, Medicare benefits are only payable for the attendance component of the service.



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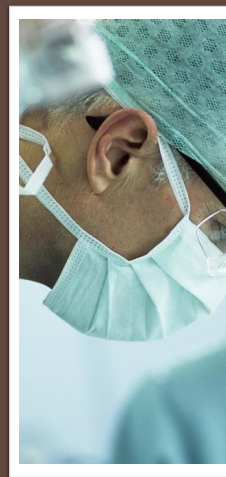

### Multiple attendances on 1 day

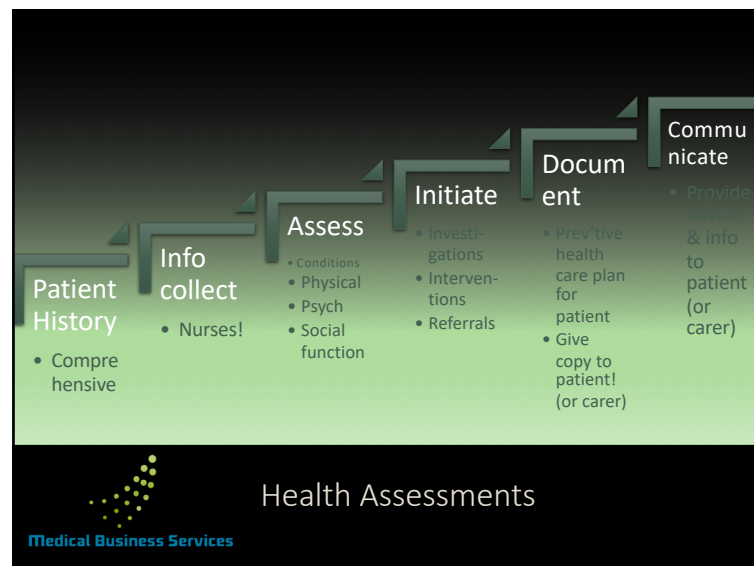
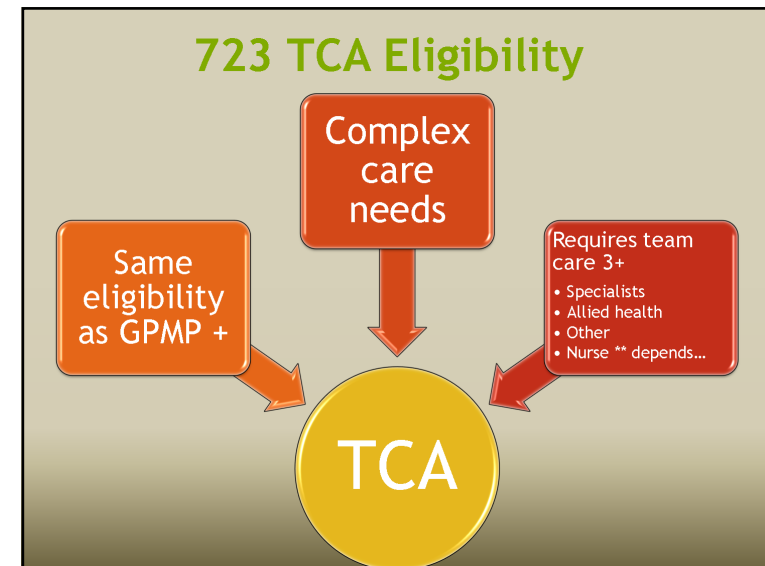
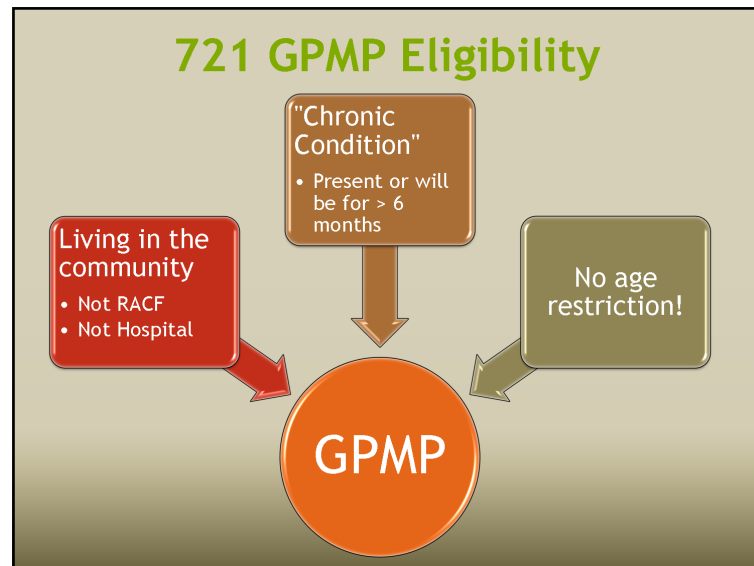
- Subsequent attendances are not a continuation of the initial or earlier attendances.
- 'Reasonable' lapse of time between such attendances before they can be regarded as separate attendances
- the time of each attendance should be stated on the account
- Examples of continuation of attendance:
  - a preliminary eye examination may be concluded with the instillation of a mydriatic and then an hour or so later eye refraction is undertaken.
  - skin sensitivity testing
  - a patient is issued a prescription for a vaccine and subsequently returns to the surgery for the injection.

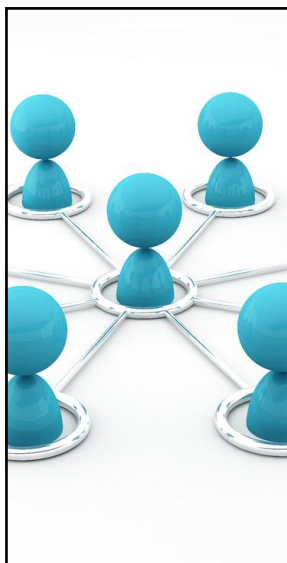



### Aftercare

- Items that apply to surgery include all professional attendances for the post-operative treatment, **other than attendances provided by vocationally or non-vocationally trained general practitioners**






### What does Medicare say about Collaboration?

Collaboration means communicating with the other providers to discuss potential treatment or services they will provide.

“Communication must be 2-way, preferably oral or, if not practicable, in writing (including by exchange of faxes or email) It should relate to the specific needs and circumstances of the patient. The communication from the collaborating providers must include advice on treatment and management of the patient”

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdiseasemanagement-qanda#collaboration>



### And another thing...!

- **Release of prescription**
  - Spectacle prescriptions become the property of the patient, who is free to have the spectacles dispensed by any person of the patient's choice. The optometrist will ensure that the patient is made aware that he or she is entitled to a copy of the spectacle prescription.
  - Contact lens prescriptions are excluded from the above provision, although the prescription remains the property of the patient and should be available to the patient at the completion of the prescription and fitting process.
- **NDIS** – Can claim form completion MBS (patient must be present)

Medical Business Services


## Medicare Legislation

Medical Practitioners are required to retain and produce documents such as Health Management Plans if requested to do so by the Department to substantiate an MBS claim.

<b>Record keeping</b>	Records must be kept for a minimum of 2 years including referrals and documents created as a condition of claiming an MBS item.
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## Debt Recovery

- Offset or deduct part or all of a debt owed from amounts payable to the provider
- Garnishee Order allows the Department to recover money from the debtor's bank account after all rights for review under the relevant Act have expired
- Can be applied to existing and new debts if;
  - the debtor does not agree to a repayment plan within 90 days; and
  - all rights for review have expired.
- A debtor may apply to appeal a decision to garnishee funds to the Administrative Appeals Tribunal.
- Shared debt recovery scheme starts 1 July 2019



## Administrative Penalties

- Applied to a debt of more than \$2,500 if fail to provide substantiating documents
- 20% of the total debt
- Penalties reduced;
  - identify, voluntarily acknowledge and take action to correct claiming errors before a compliance activity commences
  - inform the Department that an incorrect amount has been paid before the specified period for a notice to produce documents ends




Medical Business Services

## Medicare Audits

### What?

- Variance
- Evidence of service provision
- Adequacy of record keeping and documentation



### How?

- Use of algorithms
- Detect outliers – ratios and service combinations
- Whistleblowers/complaints


Medical Business Services

Billing Conduct	<ul style="list-style-type: none"> <li>• Using an incorrect item number or combination of item numbers</li> <li>• Failing to fulfil the descriptor of the item number</li> <li>• Billing Medicare for a service which is not eligible for a Medicare Benefit</li> </ul>
Over-servicing	<ul style="list-style-type: none"> <li>• Providing unnecessary services</li> <li>• Providing excessive services</li> </ul>
Clinical Conduct	<ul style="list-style-type: none"> <li>• Prescribing an inappropriate drug or dosage</li> <li>• Inadequate history of the patient's presenting problem</li> <li>• Inadequate examination</li> <li>• Failing to address the underlying medical problem</li> <li>• Treating the patient in a way which would be unacceptable to peers</li> </ul>
Medical Records	<ul style="list-style-type: none"> <li>• Failing to make adequate and contemporaneous medical records (records which would allow another practitioner to take over the management of the patient)</li> </ul>

Medical Business Services

## Consequences of Medicare Non-Compliance

July 2019, where a practitioner has been found guilty of inappropriate billing, the practice not just the practitioner will have to refund the money to Medicare.



Repayment of benefit

Administrative & civil penalties

- Doctors personally responsible/liable!
- Not covered by insurance

Exclusion from Medicare

Referral to AHPRA

Medical Business Services

## Medicare Billing Assurance

- Does your practice have a positive compliance culture?
- Does your practice have a designated person or persons whose role includes Medicare billing assurance?
- Does your practice have a Medicare billing assurance approach?
- Do the health practitioners in your practice have a good understanding of your practice's Medicare billing assurance approach?
- Does your practice have clear communication channels for reporting Medicare billing issues?
- Does your practice have strategies in place to address possible incorrect Medicare billing?

Medical Business Services

- Practice Manual, Orientation/Induction, Ongoing Training
- Document how non-compliance may occur without accurate administrative record keeping
- staff roles and responsibilities
- managing Medicare payments
- privacy, confidentiality and security issues
- allocation of appropriate passwords and permissions
- computer security system procedures for virus management
- procedures for backing-up electronic information
- record keeping obligations – contemporaneous!
- fraud.




## Medical Records

Medical Business Services

To download resources:  
<https://www.medicalbusiness.services/webinar-mbs>

- Copy of slides
- Medicare Billing Assurance Policy/Procedure Word format
- CDM Fact Sheet – Provider information
- Lodge any follow up questions



Medical Business Services