

DoHA FACT SHEET

Correct claiming of Medicare Group A1- level C and D items

What are the Level C and D items intended for?

These items are for use with patients who require not only more time but also require the medical practitioner to provide a significant level of clinical input and judgement. Where a patient consults a doctor about a series of medical issues lasting more than twenty minutes it is important that the doctor comprehensively and contemporaneously documents the clinical consideration given to each issue.

GPs should claim the most appropriate Medicare item for the service they provide to the patient. When billing for a level C or D consultation the practitioner should ask two questions:

- i. does the service rendered comply with the time and content requirements of the MBS item descriptor? and
- ii. would the majority of my peers accept that the treatment provided during the service is clinically appropriate for this patient?

A practitioner who can confidently answer yes to both questions and who has adequately documented the consultation should be able to address any concerns raised by Medicare Australia in the event of an audit or by the Professional Services Review. Note that inadequate documentation of the consultation was a factor in a number of the cases highlighted in the 2006-07 PSR Report to the Professions in relation to C and D consultations and it is important to ensure that the clinical records kept are adequate and contemporaneous.

Is the Department of Health and Ageing planning other changes to assist GPs to be confident they are claiming only items they are entitled to?

GPs who are unsure of the interpretation of the Schedule can contact Medicare Australia. The following telephone numbers have been reserved by Medicare Australia exclusively for inquiries relating to the Schedule: Phone Claims interpretation - 03 9605 7964

As part of the review of the MBS primary care items being undertaken alongside the development of the Primary Health Care Strategy announced by the Minister for Health and Ageing, Nicola Roxon MP, the Department will be examining whether evidence exists that changes to modern general practice have occurred, which might support further changes to the criteria for the level C & D and other items.

Will compliance with these items be a key focus of the increased Medicare audits to be conducted by Medicare Australia?

Medicare Australia's current risk assessment processes will continue to apply to all items claimed under Medicare. Practitioners are identified using a combination of the following techniques:

- artificial intelligence (predictive computer programs)
- claiming data analyses
- intelligence analysis (analysis of information specific to a case or person)
- top providers data analysis
- tip-offs from the public and referrals

Medicare Australia's National Compliance Program is developed in consultation with stakeholders including the medical profession. The document is published every year and outlines where Medicare Australia will focus its efforts, identifying the key compliance risks and specifying the actions which will be taken to address these risks. The 2008-09 program will be launched by the Minister for Human Services in early September 2008.