



01 February 2023

Dr Pradeep Philip
Chair
Review of Medicare Integrity and Compliance
Department of Health and Aged Care
GPO Box 9848
Canberra ACT 2601
By email: IntegrityReview2023@health.gov.au

Dear Dr Philip

RE: Review of Medicare Integrity and Compliance

Thank you again for the opportunity to meet with you on 11 January as part of the Review of Medicare Integrity and Compliance.

During our meeting you expressed an interest in finding out more about the complexity of the Medicare Benefits Schedule (MBS). I wish to draw your attention to a [webinar](#) run by the Royal Australian College of General Practitioners (RACGP) on improving your understanding of the MBS, held on 29 September 2022.

The RACGP prepared a summary of links to information about the MBS and Medicare compliance for webinar attendees (**Appendix A**), as well as written responses to questions that our presenters were unable to answer during the webinar due to time constraints (**Appendix B**).

Appendix A (attached) highlights the volume of materials GPs must search through to find an answer to questions about Medicare (e.g., explanatory notes, fact sheets, webpages, AskMBS advisories etc). This reflects the need for clear, consistent, and simplified educational resources that ideally are available via a central access point. A step-by-step breakdown of the compliance process, with instructions for health practitioners on what they need to do at each stage, would also be useful.

Appendix B (attached) is just a sample of the types of questions the RACGP frequently receives from GPs who are unsure if they are billing correctly. These questions, as well as the clinical scenario described below, reflect:

- the breadth of GPs' scope of practice and the multitude of rules they need to familiarise themselves with
- the difficulty of interpreting MBS rules (e.g., co-claiming)
- the concern that exists about potentially being picked up as an outlier.

As with all specialist medical colleges, the RACGP has no legal authority to interpret MBS rules and regulations. There is no guarantee that Medicare will consider the use of an MBS item number appropriate, even if the RACGP does. Answers to these questions were compiled by the RACGP using publicly available information, as well as responses from the AskMBS email interpretation service (askmbs@health.gov.au).

GPs often turn to the RACGP for advice on Medicare due to the time it can take to receive a response from AskMBS. There is no longer an option to seek interpretation advice via phone, and the volume of enquiries sent to AskMBS means it can take weeks to receive an answer. The legality of AskMBS responses has also been an ongoing source of confusion.



While the Department of Health and Aged Care has made it clear that responses from AskMBS do not constitute legal advice, the Professional Services Review has flagged that it will consider AskMBS advice when investigating practitioners.

Lastly, as promised in the meeting, Dr Cathryn Hester has provided the below clinical scenario which also exemplifies the confusing nature of the MBS for your reference.

Clinical scenario:

A 17-year-old patient who is 36 weeks pregnant presents for antenatal check-up and has appropriately booked a 20-minute appointment for this. The patient has been accepted under midwife-only care at the local hospital and has had all her antenatal care provided at the hospital, but the midwives are on holidays and have asked her to see a GP instead for this visit. There is no clinical handover however the patient has significant concerns that need to be addressed, she is worried about not having a birth plan and would like to discuss birthing options, and mental health concerns regarding increased anxiety. She also requires standard antenatal care which includes a blood pressure check, and urine check and a physical examination of fundus and foetus.

The consult takes about 32 minutes. About 20 minutes of the consult was dedicated to anxiety management, 10 minutes to antenatal care, and 2 minutes to documentation.

The GP has to decide what item numbers are appropriate to bill in this scenario. Can the GP bill any MBS item numbers at all for this presentation given that this care has already been funded under hospital-based antenatal care? (Likely not under episode of care funding rules)

Presuming the GP is allowed to bill MBS items:

- *is the anxiety considered a separate presenting condition to the pregnancy for MBS purposes?*
- *can the GP bill antenatal item numbers in combination with a mental health care item given that the two conditions are not completely separate?*
- *the patient talked about anxiety first in the consult, and then the pregnancy care second, does this mean the physical care items cannot be billed to MBS given that they probably don't meet the criteria as 'urgent'?*
- *should the GP bill a time-based item number in combination with antenatal care items given?*
- *should the GP bill purely a time-based item number, even though this is not an accurate representation of the work involved?*
- *Should the GP purely bill an antenatal item number (which is equivalent to the rebate for a 6-minute consult)?*
- *If this patient does not meet the criteria for MBS billing, how comfortable does the GP feel about charging a 17-year-old \$150 out of pocket, especially when they have not been consented by the hospital that this would be the case when they signed up for midwife only care?*

These scenarios occur every day in general practice setting - and GPs often end up very stressed from trying to comply while trying to provide equitable care for at-risk patients.

The RACGP looks forward to contributing further feedback as your review progresses. If you have any questions or comments regarding this letter, please contact Ms Michelle Gonsalvez, National Manager – Funding and Health System Reform on (03) 8699 0490 or via michelle.gonsalvez@racgp.org.au.

Yours sincerely

Dr Nicole Higgins
President