Relative Value Guide for Anaesthesia Billing Requirements
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Relative Value Guide structure

The Relative Value Guide (RVG) structure is based on a unit system which reflects the complexity of the service and the time the service took. Under this structure, the Medicare Benefits Schedule (MBS) fee for an anaesthetic service in connection with a procedure comprises up to four unit components, represented by one or more MBS items:

1. **A basic unit** value representing the degree of difficulty of the procedure (Initiation of Management of Anaesthesia)
2. **A time unit** value based on the total time of the anaesthetic
3. **Modifying unit/s** recognising certain added complexities, and
4. **Associated Therapeutic and Diagnostic Services.**

The information in this guide explains the key requirements for anaesthetists to claim Medicare benefits for RVG services from the Department of Human Services (Human Services). It should be read with MBS explanatory note T10, any relevant item descriptors and their associated explanatory notes.

**Note:** The MBS Schedule Fees (schedule fee) and items used in examples are a guide only. The examples demonstrate the order RVG items should be submitted to Human Services and may not reflect current item restrictions or schedule fees. Please refer to the MBS item descriptors and relevant explanatory notes for current item restrictions and schedule fees.

Billing guidelines

As an eligible health professional, you are legally responsible for services billed under your Medicare provider number or in your name. You are responsible for incorrect claims regardless of who does the billing or receives the benefit.

We recommend you use these guidelines when billing.

Charges

When two or more charges are combined as a single charge on an account (rather than appearing as separate charges being billed against each item) we’ll ‘unbundle’ the charge and apportion an individual amount against each item in the claim.

The apportioned charge will never be less than the schedule fee for the item however the difference between the schedule fee and the charge may vary greatly.

We’ve provided some examples to help you understand how we may apportion charges.
Example 1—account with one charge for all items

This example shows how we may apportion charges when a combined charge appears on an account to cover all items being billed, including the pre-anaesthesia examination.

<table>
<thead>
<tr>
<th>Item</th>
<th>Combined charge</th>
<th>Medicare apportioned charge</th>
<th>Schedule fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>17610</td>
<td>680.00</td>
<td>130.00</td>
<td>43.00</td>
</tr>
<tr>
<td>21482</td>
<td>270.00</td>
<td>180.00</td>
<td>100.00</td>
</tr>
<tr>
<td>23043</td>
<td>270.00</td>
<td>180.00</td>
<td>100.00</td>
</tr>
<tr>
<td>22031</td>
<td>100.00</td>
<td>50.00</td>
<td>50.00</td>
</tr>
</tbody>
</table>

Example 2—account with separate charges for pre-anaesthesia examination

This is how we may apportion charges where the account shows a separate charge for the pre-anaesthesia examination and a combined charge for the remaining items.

<table>
<thead>
<tr>
<th>Item</th>
<th>Combined charge</th>
<th>Medicare apportioned charge</th>
<th>Schedule fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>17610</td>
<td>100.00</td>
<td>70.00</td>
<td>43.00</td>
</tr>
<tr>
<td>21482</td>
<td>565.00</td>
<td>270.00</td>
<td>99.00</td>
</tr>
<tr>
<td>23043</td>
<td>210.00</td>
<td>115.00</td>
<td>79.20</td>
</tr>
<tr>
<td>22031</td>
<td>115.00</td>
<td>57.00</td>
<td>57.00</td>
</tr>
</tbody>
</table>

We recommend:
- a separate charge/s for the pre-anaesthesia examination
- separate charges/s for the item/s representing each unit component of the anaesthetic service
- separate charge/s for any separate attendance/s, and
- separate charge/s for any regional or field nerve block/s not associated with the episode of anaesthesia.

Example 3—account with separate charges for all items

In this example the account shows separate charges for the pre-anaesthesia examination and for each of the other items.

<table>
<thead>
<tr>
<th>Item</th>
<th>Combined charge</th>
<th>Medicare apportioned charge</th>
<th>Schedule fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>17610</td>
<td>100.00</td>
<td>100.00</td>
<td>43.00</td>
</tr>
<tr>
<td>21482</td>
<td>250.00</td>
<td>250.00</td>
<td>99.00</td>
</tr>
<tr>
<td>23043</td>
<td>200.00</td>
<td>200.00</td>
<td>79.20</td>
</tr>
<tr>
<td>22031</td>
<td>100.00</td>
<td>100.00</td>
<td>99.00</td>
</tr>
</tbody>
</table>
Information needed on your accounts

**Mandatory information**

An anaesthetist account must:
- include account requirements listed in MBS explanatory note G7.1
- show the name/s of the medical practitioner/s that performed the associated procedure/s, and
- have the appropriate time item (the start, end and total time isn’t needed on accounts for episodes of anaesthesia that don’t include an after-hours emergency anaesthesia or perfusion item).

Accounts for after-hours emergency anaesthesia or perfusion items must include:
- the start, end and total time you provided professional attention to the patient during the anaesthetic.

Accounts for assistance in the administration of anaesthesia must show:
- the name of the principal anaesthetist and proceduralist, and
- the start, end and total time the assistant anaesthetist provided professional attention to the patient during the anaesthetic.

Clinical details must be lodged with any claims for MBS item 21965 or 21997 as the item descriptors for these items contain the phrase ‘where it can be demonstrated that there is a clinical need for anaesthesia’.

Cosmetic surgery and associated services do not attract Medicare benefits. Accounts for anaesthetic services associated with cosmetic surgery should be clearly identified as such.

**Information that will help us process your account**

Your account should include:
- the time of attendance/s item/s or advice that the attendance took place on a separate occasion when you bill an attendance/s other than the pre-anaesthesia examination that occurred on the same date as the anaesthetic
- advice that a service took place on a separate occasion when you bill services performed pre or post-operatively that aren’t associated with the episode of anaesthesia (e.g. Item 18222 infusion of a therapeutic substance to maintain anaesthesia or analgesia), or
- if it’s a re-submitted and/or amended account, you should clearly identify this on the account (see ‘Re-submission of claims’ on page 6).

**Direct bill assignment of benefits**

If you need to complete more than one DB2-OT Assignment Form for a patient’s RVG episode, use the ‘Practitioner Use’ box at the bottom of the form to indicate which DB2 form it is (e.g. form 1 of 3). The patient must sign each form.
Order of services

We can only pay a Medicare benefit for a basic unit (Initiation of Management of Anaesthesia item) when a time unit item accompanies it. To ensure accurate assessment you must include all components of the RVG episode together on your account or direct bill assignment form, or transmit them together on the same claim in the following order:

1. **Basic Unit** Value/s—where more than one appears on an account, they should all be listed above the time value unit. A Medicare benefit will only be payable for one Basic Unit Value.

2. One **Time Unit** Value

3. **Modifier Unit**—where applicable

4. ‘In Hours’ **Emergency Modifier**—where applicable

5. **Therapeutic/Diagnostic Service/s**—where applicable, and

6. **Emergency After Hours Modifier**—where applicable.

Perfusion items 22055—22075, with the exception of Item 22060, can be claimed individually or within an RVG episode.

Re-submission of claims

<table>
<thead>
<tr>
<th>When</th>
<th>Then</th>
</tr>
</thead>
</table>
| • a Medicare benefit has been paid for an incorrect item  
• an item should have appeared on the account but was missed when the account was written/transmitted  
• an item, other than a therapeutic/diagnostic item, wasn’t processed (it appeared on the account but was missed during processing), or  
• we reject an entire claim in the first instance due to conflicting information, e.g more than one time value unit or more than one physical status modifier was used. | All components of the episode of anaesthesia (including any items that have been paid) need to be included when the claim is re-submitted, together with the reason why the claim has been re-submitted. |

With the exception of Item 22060, therapeutic/diagnostic services/s missed from the original claim may be claimed separately without re-submission of the other components of the episode of anaesthesia.
Specific billing guidelines

Principle Anaesthetist—single or multiple anaesthesia
- Basic Unit Value/s (Initiation of management of anaesthesia item)
- Time Unit Value
- Modifier Units—where applicable
- Emergency Modifier—where applicable
- Therapeutic/Diagnostic Service/s—where applicable
- Emergency After-Hours Modifier—where applicable

Principle Anaesthetist—dental anaesthesia
- Basic Unit Value/s (Initiation of management of anaesthesia item)
- Modifier Units—where applicable
- Therapeutic/Diagnostic Service/s—where applicable
- Emergency After-Hours Modifier—where applicable (note Item 25025 can't be claimed with Item 22905 Initiation of Management of Anaesthesia for Restorative Dental Work)

Assistant Anaesthetist (medical)
- Assistant Anaesthetic Item
- Time Unit Value
- Modifier Units—where applicable
- Emergency Modifier—where applicable
- Emergency After-Hours Modifier—where applicable

Assistant Anaesthetist (dental)
- Assistant Anaesthetic Item
- Time Unit Value
- Modifier Unit—where applicable

Assistant Anaesthetist (dental—for-hours emergency)
- Dental Anaesthetic
- Time Unit Value
- Physical Status Modifier—where applicable
- Assistant After-Hours Emergency Modifier Item

Perfusionist
Whole body perfusion claim:
- Whole body perfusion item
- Time Unit Value
- Modifier Units—where applicable
- Emergency Modifier—where applicable
- Therapeutic/Diagnostic Service/s—where applicable
- Emergency After Hours Modifier—where applicable

Perfusion claim—other than whole body:
- Perfusion item
- Therapeutic/Diagnostic Service/s—where applicable
**Examples**

**Principle Anaesthetist—single anaesthetic**

**Example of an account**

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Description</th>
<th>Amount</th>
<th>+ GST</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/01/13</td>
<td>17610*</td>
<td>Pre-anaesthetic exam</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>21482*</td>
<td>Anaesthesia for radical resection of the bone</td>
<td>$250.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>23300*</td>
<td>Anaesthesia time</td>
<td>$1500.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25005*</td>
<td>Physical status indicator 4</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25015*</td>
<td>Age modifier</td>
<td>$ 50.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22031*</td>
<td>Intrathecal or epidural injection – initial</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18222*</td>
<td>Infusion of a therapeutic substance to maintain (Separate attendance)</td>
<td>$100.00</td>
<td></td>
</tr>
</tbody>
</table>

Charges $2200.00

Total GST $ 0.00

Account Total $2200.00

Payments $ 0.00

Amount Due $2200.00

Proceduralist: Dr F Wall

**Example of a Medicare statement of benefit**

<table>
<thead>
<tr>
<th>Patient</th>
<th>Prov No</th>
<th>Date</th>
<th>Item</th>
<th>Charge</th>
<th>Sch Fee</th>
<th>Benefit</th>
<th>Exp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe</td>
<td>123456A</td>
<td>030113</td>
<td>17610</td>
<td>$100.00</td>
<td>$43.00</td>
<td>$32.25</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>030113</td>
<td>21482</td>
<td>$250.00</td>
<td>$99.00</td>
<td>$74.25</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>030113</td>
<td>23300</td>
<td>$1500.00</td>
<td>$673.20</td>
<td>$504.90</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>030113</td>
<td>25005</td>
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<td>$39.60</td>
<td>$29.70</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>030113</td>
<td>25015</td>
<td>$50.00</td>
<td>$19.80</td>
<td>$14.85</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>030113</td>
<td>22031</td>
<td>$100.00</td>
<td>$99.00</td>
<td>$74.25</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>030113</td>
<td>18222</td>
<td>$100.00</td>
<td>$37.65</td>
<td>$28.25</td>
<td>+</td>
</tr>
</tbody>
</table>
Principle Anaesthetist—multiple anaesthetic and emergency after-hours

Example of an account

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**TAX INVOICE**

Smith & Jones Anaesthetic Practice

Dr A Jones  
MBBS FANZCA  
Prov No: 234567A  
ABN: 12 121 121 121  
Account Ref: 333/333

1 Bond Street  
Sydney NSW 2000  
Telephone: 02 9456 7891  
Facsimile: 02 9456 7899  
Date: 12 January 2013

Mrs Anne Smith  
80 St Mary Avenue  
Randwick NSW 2031

---

**Memorandum of fees**

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Description</th>
<th>Amount</th>
<th>+ GST</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/01/13</td>
<td>17610*</td>
<td>Pre-anaesthetic exam</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20806*</td>
<td>Anaesthesia for laparoscopic procedure in the lower abdomen</td>
<td>$350.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20846*</td>
<td>Anaesthesia for radical hysterectomy</td>
<td>$500.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>23270*</td>
<td>Anaesthesia time</td>
<td>$1350.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22031*</td>
<td>Intrathecal or epidural injection – initial</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25025*</td>
<td>Emergency after hours Anaesthesia</td>
<td>$560.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total GST</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Account Total</td>
<td>$2960.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Payments</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amount Due</td>
<td>$2960.00</td>
<td></td>
</tr>
</tbody>
</table>

Proceduralist: Dr G Owen  
Start time: 16:30 End time: 22:45 Total time: 6:15

---

Example of a Medicare statement of benefit

<table>
<thead>
<tr>
<th>Patient</th>
<th>Prov No</th>
<th>Date</th>
<th>Item</th>
<th>Charge</th>
<th>Sch Fee</th>
<th>Benefit</th>
<th>Exp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne</td>
<td>234567A</td>
<td>030113</td>
<td>17610*</td>
<td>$100.00</td>
<td>$43.00</td>
<td>$32.25</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>030113</td>
<td>20806*</td>
<td>$350.00</td>
<td></td>
<td></td>
<td>+ 560</td>
</tr>
<tr>
<td></td>
<td></td>
<td>030113</td>
<td>20846*</td>
<td>$500.00</td>
<td>$198.00</td>
<td>$148.50</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>030113</td>
<td>23270*</td>
<td>$1350.00</td>
<td>$613.80</td>
<td>$460.35</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>030113</td>
<td>22031*</td>
<td>$100.00</td>
<td>$99.00</td>
<td>$74.25</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>030113</td>
<td>25025*</td>
<td>$560.00</td>
<td>$485.10</td>
<td>$363.85</td>
<td>+</td>
</tr>
</tbody>
</table>
Principle Anaesthetist—dental anaesthesia

Example of an account

DR TANYA IRVING, MB BS, FANZCA
ANAESTHETIST
Provider no 0654321X

TAX INVOICE
Date of account: 10/01/2013
Invoice number: 65714
Suite 2, 118 Hall Street
Melbourne, Vic 3000
Telephone: 03 9656 7825
Facsimile: 03 9656 7855

Master Alan Cartwright
266 Pentridge Road
Bayswater Vic 3153

ACCOUNT FOR PROFESSIONAL SERVICES

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Description</th>
<th>Fee</th>
<th>+ GST</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/13</td>
<td>17610*</td>
<td>Pre-anaesthetic exam</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22900*</td>
<td>Anaesthesia for extraction of tooth or teeth</td>
<td>$250.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>23043*</td>
<td>Anaesthesia time</td>
<td>$200.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25025*</td>
<td>0:56 mins to 1:00 hour</td>
<td>$200.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>$775.00</td>
<td></td>
</tr>
</tbody>
</table>

Example of a Medicare statement of benefit

<table>
<thead>
<tr>
<th>Patient</th>
<th>Prov No</th>
<th>Date</th>
<th>Item</th>
<th>Charge</th>
<th>Sch Fee</th>
<th>Benefit</th>
<th>Exp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan</td>
<td>0654321X</td>
<td>070113</td>
<td>17610</td>
<td>$100.00</td>
<td>$43.00</td>
<td>$32.25</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>070113</td>
<td>22900</td>
<td>$250.00</td>
<td>$118.80</td>
<td>$89.10</td>
<td>+</td>
</tr>
<tr>
<td></td>
<td></td>
<td>070113</td>
<td>23043</td>
<td>$200.00</td>
<td>$79.20</td>
<td>$59.40</td>
<td>+</td>
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<td></td>
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<td>070113</td>
<td>25025</td>
<td>$225.00</td>
<td>$99.00</td>
<td>$74.25</td>
<td>+</td>
</tr>
</tbody>
</table>
Assistant Anaesthetist—after-hours emergency

Example of an account

TAX INVOICE FOR ANAESTHETIC SERVICES

Dickson Anaesthetic Practice

Dr R Grissen
MBBS FANZCA
Prov No: 0076543Y
ABN: 31 131 131 131
Account Ref: SH:12675

Miss Sarah Halliday
24 Gillam Crescent
Chifley ACT 2606

MEMORANDUM OF FEES

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Description</th>
<th>Fee</th>
<th>+ GST</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/01/13</td>
<td>25200*</td>
<td>Assistance at anaesthesia</td>
<td>$250.00</td>
<td></td>
</tr>
<tr>
<td>12/01/13</td>
<td>23300*</td>
<td>Anaesthesia time</td>
<td>$1500.00</td>
<td></td>
</tr>
<tr>
<td>12/01/13</td>
<td>25010*</td>
<td>6:11 to 6:20 hours</td>
<td>$150.00</td>
<td></td>
</tr>
<tr>
<td>12/01/13</td>
<td>25015*</td>
<td>Physical status indicator 5</td>
<td>$150.00</td>
<td></td>
</tr>
<tr>
<td>12/01/13</td>
<td>22012*</td>
<td>Blood pressure monitoring central venous</td>
<td>$150.00</td>
<td></td>
</tr>
<tr>
<td>12/01/13</td>
<td>22012*</td>
<td>Blood pressure monitoring pulmonary arterial</td>
<td>$150.00</td>
<td></td>
</tr>
<tr>
<td>12/01/13</td>
<td>22012*</td>
<td>Blood pressure monitoring systemic arterial</td>
<td>$150.00</td>
<td></td>
</tr>
<tr>
<td>12/01/13</td>
<td>22012*</td>
<td>Blood pressure monitoring cardiac intracavity</td>
<td>$50.00</td>
<td></td>
</tr>
<tr>
<td>12/01/13</td>
<td>25030*</td>
<td>Assistance at after hours emergency anaesthesia</td>
<td>$1225.00</td>
<td></td>
</tr>
</tbody>
</table>

Total GST $ 0.00
Account Total $3675.00
Payments $ 0.00
Amount Due $3675.00

Principle Anaesthetist: Dr J Hanson
Proceduralist: Dr T Farling
Start time: 16:30 End time: 22:45 Total time: 6:15

Example of a Medicare statement of benefit

<table>
<thead>
<tr>
<th>Patient</th>
<th>Prov No</th>
<th>Date</th>
<th>Item</th>
<th>Charge</th>
<th>Sch Fee</th>
<th>Benefit</th>
<th>Exp</th>
</tr>
</thead>
<tbody>
<tr>
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Assistant Anaesthetist—dental anaesthesia

Example of an account

Dr Tony English, MB BS, FANZCA
ANAESTHETIST
Provider no 0563412W

TAX INVOICE
Suite 2, 118 Hall Street
Melbourne, Vic 3000
Telephone: 03 9656 7825
Facsimile: 03 9656 7855

Master Alan Cartwright
266 Pentridge Road
Bayswater Vic 3153

ACCOUNT FOR PROFESSIONAL SERVICES

<table>
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<tr>
<th>Date</th>
<th>Item</th>
<th>Description</th>
<th>Fee</th>
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Example of a Medicare statement of benefit

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<tr>
<th>Patient</th>
<th>Prov No</th>
<th>Date</th>
<th>Item</th>
<th>Charge</th>
<th>Sch Fee</th>
<th>Benefit</th>
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</table>
Perfusionist—isolated limb perfusion

Example of an account

DR BARRY FRENCH
MB BS. FFARACS. FANZCA. SPECIALIST ANAESTHETIST. PROV # 034068L
1 Hanson Street, Brisbane QLD 4000. Phone: 7465 3849 Fax: 7465 3844
ABN: 46 957 825 634

TAX INVOICE FOR PROFESSIONAL ANAESTHETIC SERVICES

Mr Malcolm Fisher
28 Holbrook Street
Loganlea QLD 4131

Surgeon: Dr F Murchland
Hospital: Holy Spirit

Date of Service: 14/01/2013
Invoice Date: 20/01/2013
Account Ref: 315214

Anaesthetic Item No & Description       $ Charge

22055    Leg Perfusion      $600.00

***INPATIENT*** GST: $0.00 AMOUNT TOTAL: $600.00

Example of a Medicare statement of benefit

<table>
<thead>
<tr>
<th>Patient</th>
<th>Prov No</th>
<th>Date</th>
<th>Item</th>
<th>Charge</th>
<th>Sch Fee</th>
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<th>Exp</th>
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Perfusionist—whole body perfusion and after-hours emergency

Example of an account

DR BARRY FRENCH  
MB BS. FFARACS. FANZCA. SPECIALIST ANAESTHETIST. PROV # 034068L  
1 Hanson Street, Brisbane QLD 4000. Phone: 7465 3849 Fax: 7465 3844  
ABN: 46 957 825 634

TAX INVOICE FOR PROFESSIONAL ANAESTHETIC SERVICES

Miss Jennifer Giles  
5/27 Hodges Road  
Brookfield QLD 4069

Surgeon: Dr R Sangster  
Hospital: Holy Spirit

Anaesthetic Item No & Description       $ Charge

22060  Whole Body Perfusion  $1000.00
23390  Time Units  $1950.00
25000  Physical Modifier  $50.00
22070  Cardioplegia  $500.00
25050  After Hours Emergency  $1750.00

***INPATIENT***

GST: $0.00 AMOUNT TOTAL: $5250.00


Example of a Medicare statement of benefit

<table>
<thead>
<tr>
<th>Patient</th>
<th>Prov No</th>
<th>Date</th>
<th>Item</th>
<th>Charge</th>
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Explanation of reason codes

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<td>Benefit paid on main RVG anaesthetic item</td>
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<td>RVG time item not claimed</td>
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<td>Associated RVG anaesthetic service not claimed</td>
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<tr>
<td>558</td>
<td>RVG anaesthetic item not claimed</td>
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<td>559</td>
<td>Patient outside age range–Please Verify Age</td>
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<td>560</td>
<td>RVG item restriction</td>
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<td>561</td>
<td>Benefit paid on RVG item claimed</td>
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<td>562</td>
<td>Benefit paid on associated RVG anaesthetic item</td>
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<tr>
<td>563</td>
<td>Associated RVG service already paid</td>
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</tbody>
</table>

For more information

[mbsonline.gov.au](http://mbsonline.gov.au)

Email: email your MBS item question directly to [askMBS@humanservices.gov.au](mailto:askMBS@humanservices.gov.au)

Post: Department of Human Services
PO Box 9826
in your capital city

Phone: Provider enquiry line **132 150***

*Call charges apply

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