



Australian Government

Department of Human Services



medicare

Substantiating that a specific treatment was performed

Guideline for responding to a Department of Human Services request to substantiate a Medicare Benefits Schedule (MBS) service.

This guideline relates to all MBS items that require a treatment or action to be performed as part of the item requirements. For example, items 10960, 13757, 30189, 47600 and 85533.

This guideline is not exhaustive and an individual can respond to an audit using any document they believe substantiates the concern raised. However, the Department of Human Services may determine that further information is required and request additional documentation to substantiate the concern raised.

Documents you could provide to substantiate that a specific treatment was performed:

Any document created during or as soon as practicable after the treatment that clearly demonstrates that the required treatment occurred, the patient's name and the date the treatment was performed.

More specific documents may include one or more of the following:

- An operation report
- A diagnostic imaging report
- A pathology report
- An excerpt from the patient's clinical file clearly showing the patient's name, the date of the service and enough text to indicate that all components of the treatment, procedure or investigation were performed.

In most cases, clinical information relating to the patient will be the only information able to confirm that a specific treatment was performed during the service, and substantiate that the correct Medicare benefit was paid. The clinical details that are unnecessary for this purpose may be censored in all documents provided.

If you need to produce documents containing clinical information, you can choose to provide it to a medical practitioner employed by the Department of Human Services.

Notice to Produce Documents

Under subsection 129AAD of the *Health Insurance Act 1973*, the Department of Human Services can issue a formal notice for you to produce documents that substantiate your services under the Medicare program where there is a reasonable concern that a benefit has been paid that exceeds the amount that should have been paid.

A notice to produce documents can be issued if you do not voluntarily respond to a request by the Department of Human Services to provide substantiating documents for compliance audit purposes.

A notice to produce documents can be issued in relation to services rendered on or after 9 April 2011.

Additionally, subsection 129AAJ of the *Health Insurance Act 1973* gives you the ability to request a review of decision for any audit findings determined by a Department of Human Services — Medicare compliance audit.

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Record keeping

- All practitioners who provide or initiate a service for which a Medicare benefit is payable should ensure they maintain adequate and contemporaneous records.
- Records should clearly identify the name of the patient; contain a separate entry for each attendance by the patient for a service; indicate the date on which the service was rendered or initiated; contain information adequate to explain the type of service rendered or initiated; and be sufficiently comprehensible that another practitioner, relying on the record, could effectively undertake the patient's ongoing care.

- The patient or clinical record must be contemporaneous. This means it must be completed at the time the service was rendered or initiated or as soon as practicable afterwards.
- Records produced to substantiate concerns raised by the Department of Human Services may be in paper or electronic form; however both forms must satisfy the requirements to be adequate and contemporaneous.
- Make sure you refer to any guidance provided by your relevant professional body in relation to records and record keeping.

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