



**medicare**

## Substantiating that a valid referral existed (specialist or consultant physician)

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 receipt of a valid referral before the service is provided. For example, items 104–105, 110, 116, 122, 132–133, 135, 141, 143, 145 and 147.**

**Note:** the Department of Human Services has the power under section 20BA of the *Health Insurance Act 1973* to require the production of referrals.

S20BA(1)(d) requires a specialist or consultant physician to whom a patient has been referred to retain the referral for a period of 18 months from the day on which the service was rendered. However, the Department of Human Services may request substantiation of the receipt of a valid referral up to two years after the relevant service was rendered.

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 valid referral existed:

- **A copy of the referral** — clearly showing the patient's name, the date of referral and the name/s of the referring practitioner, specialist or consultant physician.

- **If the referring practitioner is a specialist or consultant physician, a copy of the referral**, as outlined above, and either
  - The name of the general practitioner, participating midwife or participating nurse practitioner nominated by the patient; or
  - A statement to the effect that the patient is unwilling or unable to nominate a general practitioner, participating midwife or participating nurse practitioner
- **An excerpt from the patient's clinical file** — noting a referral was viewed or received may generally satisfy this request if it shows the person who made the referral and the date of service.
- **Third party corroboration** — if a specialist or consultant physician has failed to keep a record of the referral they may seek a copy from the original referring practitioner.
- **Where a service is provided by a specialist or consultant physician in an emergency without a referral under Regulation 30 of the Health Insurance Regulations 1975** — an excerpt from the patient's clinical record showing the patient's name, the date of the service and sufficient information to indicate the nature of the emergency.

**Clinical details that are unnecessary for substantiating the existence of a valid referral 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.

---

For more information:

visit [www.medicare.gov.au](http://www.medicare.gov.au) then  
**For health professionals >  
Doing business with  
Medicare Australia >  
Compliance >  
IMCA Initiative**

---

### 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.

For information on what constitutes a referral, see regulations 29–31 of the *Health Insurance Regulations 1975*. The *Health Insurance Regulations 1975* can be found at [www.comlaw.gov.au](http://www.comlaw.gov.au)

---

For more information:

visit [www.medicare.gov.au](http://www.medicare.gov.au) then  
**For health professionals >  
Doing business with  
Medicare Australia >  
Compliance**

---