



Australian Government

Department of Human Services



medicare

Substantiating that a valid request existed (pathology or diagnostic imaging)

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 service to be requested by another medical practitioner. For example, items 57521 and 65070.

Note: the Department of Human Services has the power under sections 23DK, 23DKA, 23DR and 23DS of the *Health Insurance Act 1973* to require the production of documents relating to pathology and diagnostic imaging requests and services. These sections require a practitioner to maintain a record of the written request 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 request 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 request existed:

- **A copy of the request and a copy of the report of the service**—the copy of the request must clearly show the patient's name, the date of request and the name/s of the requesting practitioner, item number or description of the pathology or diagnostic imaging service requested.

- **An excerpt from the patient's clinical file maintained by the rendering practitioner** — showing the name of the person who made the request, the date of service and a copy of the report of the service
- **Third party confirmation** — if the rendering practitioner has failed to keep a request or a record of the service they may submit a copy of the request obtained from the original requesting practitioner.
- **Where a diagnostic imaging service is provided without a request in the event of emergency under s16B(8) of the Health Insurance Act 1973** — an excerpt from the patient's record maintained by the rendering practitioner showing the date of service, a copy of the report of the service and sufficient information to indicate the nature of the emergency.

- **Where a diagnostic imaging service is provided but the request has been lost in the circumstances described under s16B(9) of the Health Insurance Act 1973** — an excerpt from the patient's record maintained by the rendering practitioner showing the date of service, a copy of the report of the service and words indicating that the patient asserted that the request had been lost and that the providing practitioner had received confirmation from the requesting practitioner that the request had been made.

In most cases, to substantiate that the correct Medicare benefit was paid, clinical information relating to the patient will be the only information able to confirm that a valid pathology or diagnostic imaging request existed. 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.

For more information:

visit 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 valid request for a pathology service, see Regulation 4 of the *Health Insurance (Pathology Services) Regulations 1989*. The *Health Insurance (Pathology Services) Regulations 1989* can be found at www.comlaw.gov.au

For information on what constitutes a valid request for a diagnostic imaging service, see Regulation 19 of the *Health Insurance Regulations 1975*. The *Health Insurance Regulations 1975* can be found at www.comlaw.gov.au

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