



medicare

Substantiating proof of malignancy where required for MBS items

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

This guideline relates to MBS items 30196, 30197, 30202, 30203 and 30205 which require histopathological proof of malignancy.

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

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:

- A histopathological report showing malignancy within the lesion removed or, where multiple lesions are removed from a single anatomical region, a histopathological report showing malignancy within a lesion from that region.
- A written specialist report clearly showing the patient's name, date of service and enough text to indicate confirmation of malignancy.
- An excerpt from a specialist's patient clinical file clearly showing the patient's name, the date of the service and enough text to indicate that malignancy had been confirmed.

Note: The proof of malignancy does not need to be available prior to the service being rendered but must be available before the service is billed.

In most cases, clinical information relating to the patient will be the only information able to confirm presence of malignancy, 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 Human Services.

Notice to Produce Documents

- Under section 129AAD of the *Health Insurance Act*, Human Services can issue a formal notice for you to produce documents that substantiate your services under Medicare should there be a reasonable concern that a benefit has been paid that exceeds the amount that should have been paid.
- A notice to produce documents will only be issued if you do not voluntarily respond to a request by Human Services to provide substantiating documents for compliance audit purposes.

- A notice to produce documents can only be issued for services rendered on or after 9 April 2011.
- In addition, the legislation gives you the ability to request a review of decision for amounts recoverable as determined by a Department of Human Services' Medicare compliance audit.
- 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 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 more information:

visit humanservices.gov.au/healthprofessionals then **Doing business with Medicare Australia > Compliance > IMCA Initiative**

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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.