

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2011-2012, 30/31 May 2011

Question: E11-081

OUTCOME 3: Access to Medical Services

Topic: REVIEWS OF THE PROFESSIONAL SERVICES REVIEW (PSR)

Written Question on Notice

Senator Back asked:

While there is no dispute that there should be reviews of how health practitioners claim MBS rebates – can you respond to allegations from those that have been reviewed by the PSR that there is no accountability where neither Medicare Australia or PSR can provide binding advice on matters relating to the clinical relevance of MBS items.

Answer:

The Medicare Benefits Schedule (MBS) provides information on the arrangements for the payment of Medicare benefits. These arrangements operate under the *Health Insurance Act 1973* (the Act). The MBS item number a medical practitioner bills is dependent on the clinical presentation of the individual patient and the specific service provided to that individual. To be eligible for an MBS rebate a clinically relevant service must be provided by an eligible provider to an eligible person.

A medical service is clinically relevant if it is generally accepted in the medical profession as necessary for the appropriate treatment of the patient. Therefore, it is the professional organisation, association or college that represents the peer group at the national level that should advise practitioners regarding matters relating to clinical relevance. The Department cannot provide advice on the clinical relevance of individual services as this would require reviewing patient records and providing ‘rulings’ on individual services. This would not be practical or cost effective for the Australian taxpayer.

In general, MBS items describe services with sufficient generality so that practitioners can provide clinically relevant services as well as allow for developments in clinical practice over time. Imposing exhaustive or inflexible guidelines would restrict the ability of practitioners to deliver services in accordance with the specific clinical needs of the patient. The various Government agencies involved endeavour to provide relevant information to assist in interpretation but it is clearly impossible for them to provide binding advice as this would imply advice that covers all possible eventualities.

To ensure doctors have access to information about the interpretation of the MBS the Government provides the following assistance:

- online education modules;
- quick reference guides;

- face to face education presentations; and
- provider enquiry (ph: 132 150); email (medicare.prov@medicareaustralia.gov.au); post (Medicare, GPO Box 982, in your capital city).

To ensure there is a process for resolving ambiguities raised by doctors, the Government has established the Health Programs Clarification (HPC) process. The Department of Health and Ageing and Medicare Australia work collaboratively to resolve issues of concern to the profession and to develop solutions. The consultative process takes account of legal, clinical and program administration factors. Issues may be raised by doctors or other providers or their professional group representatives.

Outcomes from the HPC process may include:

- publication of advisory information in Forum;
- a letter providing advice directly to the provider or other external stakeholder who requested clarification of the issue;
- a letter providing advice directly to the Australian Medical Association and/or relevant professional group;
- amendment to the MBS explanatory notes or item descriptor to clarify the matter;
- amendments to internal Medicare Australia information resources for staff; or
- amendments to claims assessing instructions or systems.