

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2011-2012, 30/31 May 2011

Question: E11-082

OUTCOME 3: Access to Medical Services

Topic: REVIEWS OF THE PROFESSIONAL SERVICES REVIEW (PSR)

Written Question on Notice

Senator Back asked:

Can you respond to comments from Queensland Dr Scott Masters who was quoted in an article from the Australian on 11 December 2010 who wrote to Medicare asking it to define certain consultations.

Rose Ross, Director, Medicare Integrity Section Medicare Benefits Branch replied: "As I have indicated previously it is up to the practitioner rendering the services to determine what MBS item applies. Neither the Department nor Medicare Australia can provide binding advice on matters relating to the clinical relevance of the service. This is a matter for your peers, that is, the general body of GPs."

When Masters asked Webber whether he accepted Medicare Australia's rulings, Webber's executive assistant replied by email: "Dr Webber can only give advice on the PSR scheme and cannot provide any further comment on the administration of MBS items."

As Masters says, "It all goes round in circles". The result, he claims, is that PSR rulings are highly subjective.

Can you provide me with advice on WHO is responsible for defining MBS items so that rulings of the PSR are communicated to provide doctors with guidelines for better practice and reduce costs involved in pursuing these to the taxpayer?

Answer:

Medicare Australia is responsible for the day-to-day administration and payment of benefits under the Medicare arrangements. Medicare Australia has primary responsibility for enquiries concerning matters of interpretation of Schedule items. Matters of interpretation that require further clarification are referred by Medicare Australia to the Department of Health and Ageing.

In general, Medicare Benefits Schedule (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.