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GPs being 'paranoid' about Medicare audits

by Michael Woodhead

GPs who complain about being persecuted by Medicare for claiming longer consultations have been dismissed as 'paranoid' by the head of the agency's Professional Services Review agency.

PSR director Dr Tony Webber has told a Senate budget estimates committee that most doctors have no problem understanding how to claim level B and C items, and the handful of doctors who have made complaints are "somewhat paranoid".

"The item descriptors ... are fairly specific and fairly well defined. In the vast majority of cases, doctors have no trouble in understanding what is required of them," he told the inquiry held earlier this month.

Dr Webber said problems arose when GPs billed only on the basis of time spent with a patient, without regard to the complexity of the problem.

"Some doctors have not realised that both components of the descriptor must be met. So that there must be a complex interaction, and that is defined in the descriptor, and also the time component," he said.

"We would encourage a longer consultation if the quality is there. The problem for doctors that we see is that they are claiming these benefits very inappropriately - for instance, claiming a longer consultation for a sore throat. That is not a complex interaction."

Dr Webber also rejected criticism that Medicare and the PSR refuse to advise doctors whether a particular service qualifies as a longer consultation.

"[We] are not in a position to tell doctors how to practise medicine. Each consultation, by the nature of a consultation, is very different," he said.

Dr Webber was backed up by the head of the Department of Health and Ageing, Halton who said reports of doctors being hounded for doing lots of level C and D consults were "clearly bunkum".

29 June 2010

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Why the pursuit of level C and D anyway? Every Dr knows you earn more money by doing 6 minute level B consults. Anyone doing a good job, listening to the patient who comes in for a sore throat discussing marital woes; parenting problems; the "by the way", skin check, non specific somatic pain, request for

an EPC allied health form, DVA form, Centre link form, or mental health plan is a mug with sweat pouring down between the shoulder blades, while the 3-4 patients waiting start insulting the receptionist, and the sanctimonious lawyer or Dr Tony Webber on the patients shoulder starts scolding you for the brevity of your notes. Not to mention you need to pee and haven't re hydrated in 3-4 hours, Persecute level C and D billing Dr's seems particularly nonsensical. We make the least money and are doing the better job, we usually have well established practices with a loyal clientele ever ageing who come to us for the tricky difficult stuff and only see the Bulk billing Dr for a brief quick consult the latter of whom earn more.

The left wing witch hunt of Dr's especially the long suffering Family GP seems particularly ridiculous in the misplaced idea that we are paid any more than a tradesmen or technician and in most cases less.

Posted by **Karen** 29/06/2010 4:05:31 PM

I have one thing to say to Dr Webber and Jane Halton. You have now reached an all time low – if I'm "paranoid" or "clearly Bunkum" then lock me up as my personal experience several year ago must have been a hallucination and clearly I must be mad if I continue to practice.

I have been audited under the accusations of performing TOO Many C & D consultations but in fact my problem was that I was not itemizing enough consultations in total – thus throwing Medicare statistics off. The end result of the most stressful two weeks of my life was "GOOD WORK – keep it up " coming from the auditors but a FORMAL OUTCOME letter a week later – was more in line with – reduce your level C and D consultations or else - watch out – we have our eye on you !!!! The only way to solve the problem is STOP bulk billing!!

Posted by **Dr PM** 29/06/2010 4:28:15 PM

Their latest effort in the Senate demonstrates how everytime a Medicare representative tries to talk their way out of the confusion they have caused about level Bs and level Cs they confuse more. Medicare is a decade or ten behind modern general practice. The breaking news for those in the high rise concrete Medicare offices is every consultation in General Practice is now complex. The days of a patient walking in with a sore throat, you examining the throat and then hand writing a script or offering advice ended decades ago. Best practice now dictates opportunistic advice about a healthy lifestyle, preventative health advice, checking vaccination status, open questioning to exclude a hidden agenda, computerised recording of the consultation, computerised prescribing through a maze of prompts and of course selection of the appropriate Medicare item keeping in mind all the rules, regulations and blubberings from Medicare. I am not confused or paranoid. It is simple. A consult that is less than 20 minutes is a B. A consult that is more than 20 minutes is a C. If the Medicare team thinks taxpayers are getting ripped off ask the Government to scrap bulk billing. The patients will then keep an eye on the bills and I think they will be way better judges of the content than the cynical, suspicious, ungrateful, stone age button pushers at Medicare.

Posted by **Dr Donald Rose** 29/06/2010 6:03:50 PM

We are being hounded. I was phoned on my mobile during a holiday weekend.

I didn't know who was calling me. The guy said he was from Medicare and I was being investigated, wouldn't give me any details, so I had to worry about it till the week after, when he emailed me.

They had had an anonymous complaint about me supposedly billing inappropriately. After much thought, I suspected a disgruntled receptionist, who did not like me, had a mental illness, and had been sacked by the practice owner, and I could not imagine who else could have complained. I was given no details of which patients I was supposed to have wrongly billed as they said it was a 'blanket' accusation. I was accused of wrongly billing long consults and had to go through three weeks of stress, resulting in an interview with two people from Medicare, which my lawyer also attended.

She warned me that they would ask me to recite the definition of level C and D, which I did. I denied any wrong doing and they left.

I never received any feedback, like a letter, and had to chase it up myself, after 1 month, and then received a brief email saying the matter would go no further.

I saw many elderly and complex patients at that location, and now worry about billing long consults. I always bill correctly, and a lot of our billing was private.

We only bulk-billed the elderly.

Luckily I am now in a different practice with fewer complex cases.

It is not worth bulk-billing but unfortunately the practice I am now with bulk-bills everyone.

I fail to see why spending time with a patient could be considered wrong practice. At the time of the investigation, I thought that if I had enough money in super I would have retired.

Dr Webber in his ivory tower is divorced from all this so how can he reassure us grass-roots GPs that we have nothing to fear?

Posted by **Mimika** 29/06/2010 6:39:03 PM

So let me get this straight. The PSR can not advise a GP what item is appropriate to use for a consultation if asked prospectively. However they can come in retrospectively and tell a GP they were wrong.

How exactly does the passage of time provide the PSR with the ability to decide if a consultation was billed appropriately. If they can not determine which item should be used at the time of the consult, how do they determine it later?

Of course GPs have nothing to be paranoid about.

I must agree that the simplest solution for those who are worried is probably not to direct bill.

Posted by **Joe Kosterich** 30/06/2010 12:44:01 PM

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