Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Additional Estimates 2015 - 2016, 10 February 2016

Ref No: SQ16-000307

OUTCOME: 3 - Access to Medical and Dental Services

Topic: Coning

Type of Question: Hansard Page 56, 10 February 2016

Senator: Moore, Claire

Question:

Mr Stuart: With that qualification, I would be very happy to take the question on notice.
Senator DI NATALE: Coding or coning?
Mr Stuart: Coning.
Senator MOORE: Coning.
Senator DI NATALE: The department is getting up to activities I had never thought were possible.
Senator MOORE: It makes my head spin.
Mr Stuart: Just in brief, as a result of—
Senator MOORE: If we could just get from you as much as we can. One of the issues has been what kinds of tests people are having. Everyone is raising whether some of the particular health tests that we have actively encouraged people to have would be caught up in this process. As much data on that would be very useful, and then you can give me a page on what 'coning' means and how it works. That would be very good.

Answer:

The MYEFO bulk billing measure removes the bulk billing incentive for all services in the Pathology Services Table.

The episode cone which was introduced in the mid 1990's, is an administrative arrangement which effectively places an upper limit on the number of items for which Medicare benefits are payable in a patient episode. When more than three items are requested by a general practitioner, for non-hospitalised patients, the benefits payable will be equivalent to the sum of the benefits for the three items with the highest schedule fees. The fourth and subsequent tests in an episode do not attract a rebate and pathology providers conduct these tests at no cost to Medicare.

Pathology services requested for hospital in-patients, or ordered by specialists, are not subject to these coning arrangements.

A patient episode comprises a pathology service or services requested for a single patient, on the same day.

Medicare does not have data on the tests that are “coned out”, i.e. where no benefit was paid, as providers only submit claims for the three most expensive tests in an episode.