

CLAIMING CONTROL

If a claim is made to Medicare with your provider number on it, **Margaret Faux** explains why the responsibility for it lies solely with you.

Consider this: You're relaxing on a Greek island. A claim is submitted using your name and provider number for a service you conducted before heading off on holiday. The claim was prepared by Mary, who works on reception and always does your claiming. She knows what you do. Unfortunately, this time, Mary's attention drifted and she made a mistake.

Who is responsible for the incorrect claim and subsequent benefits paid by Medicare? Surely not you, as you weren't even at the practice. Wrong – you are. Medicare has no authority to investigate or penalise Mary even if it wanted to.

Whenever a claim is made to Medicare with your provider number on it, you are responsible for it irrespective of what you were doing at the time or whether you believed that you had delegated the authority. Under the legislation there are no excuses – if an item number has been incorrectly assigned for a service you provided, you are the only one who will be held responsible.

This may sound heavy-handed, but it's the law. And, unfortunately, not all doctors are aware that the buck starts and stops with them. Pursuant to the provisions of the Health Insurance Act 1973, only the practitioner who rendered the service is bound by the provisions of the Act and is therefore the only person who can be brought to account for services and items claimed under the Medicare scheme.

CLAUSE FOR CONCERN

Let me tell you a story told to me earlier this year by a lawyer working for a new general practice. The doctors who established the practice had asked her to prepare contracts so they could engage outside doctors to

cover sessions for them. It was a progressive practice that believed it was appropriate to spell out contract arrangements.

One of the clauses in the prepared contract was standard and, the lawyer thought, unremarkable. It outlined that the doctor would advise the practice reception of the item numbers they were to claim under her provider number. The lawyer specialises in medical work so this might well have even been a cut-and-paste clause from any similar document prepared for medical contractors – and certainly not one to raise an eyebrow.

Surprisingly, one GP was outraged by this particular point and refused to agree to it. She said she had never been expected to do administrative work before and felt she should not have to itemise the services she provided to patients – this was for the front desk to sort out. The GP felt she was an employee being paid a salary, with no responsibilities beyond patient care.

In fact, the GP was a contractor. But even if she had been an employee, the responsibility to assign item numbers still falls to her as the doctor. After every consultation, whether you use online messaging or post-it notes, you must tell reception which item number is being billed.

FOR THE RECORD

At my own billing service, we've been asked by a prospective client if we would assign the appropriate item number based on her description of the consultation, as that would save her time. Alas, the answer we had to give her was, "No". Another client, an anaesthetist, was quite happy to provide us with the item numbers that related to consultation and initiation, but instead of giving us the item number relating to the duration of

anaesthetic, she was only noting start and finish times. She wanted us to do the maths to determine the corresponding item number – again, we had to decline. You see if we made an error in assigning the item number, she would be liable for the mistake. Doctors must inform us of the item number they wish to claim.

Errors are easily made and it's simple to get an item number wrong. A doctor might mean to use item number 110 and hit 116, especially if they are using those item numbers many times a week. But if you are checking your billing records regularly, and I recommend you do, you will likely spot any errors, which can then be rectified in a timely manner. Claims can be reversed and Medicare benefits refunded.

It's important to get it right because the penalties are onerous. Doctors have faced practise exclusions, been disqualified from the Medicare system for months and asked to repay sums as high as \$300,000 – and many didn't even know they were getting their billing wrong in the first place. They have been penalised for 'innocent mistakes'.

The other advantage of reviewing your billing is that you can compare your practice against your profession. If you go to the 'Provider' section of the Medicare site and look at the statistics, you'll very quickly see how your pattern of claiming sits against others. If you are an outlier, you can be sure that you will come under Medicare scrutiny.

A CASE IN POINT

The following case, taken from the Professional Services Review's (PSR) 2005-2006 Annual Report, perfectly demonstrates the importance of getting billing right:

Dr E practiced in a large medical clinic as a general practitioner. Medicare

Australia was concerned that, because Dr E had provided 28,102 services to 10,660 patients for a total benefit of \$830,208 and may not have had the time to provide appropriate services to all patients. Dr E had provided services at almost twice the number of other practitioners at the 99th percentile. Dr E was in fact the busiest general practitioner in Australia at the time. In addition, Dr E had breached the prescribed pattern of services provision of the Act (the 80/20 rule). Dr E had seen 80 or more patients on 32 days during the review period. Medicare Australia was also concerned that Dr E had provided 1046 care plans (MBS item 720) and 702 review of care plans (MBS item 724). Dr E's rendering of items 720 and 724 was above the 99th percentile in both instances.

An extensive number of Dr E's medical records were reviewed. Of Dr E's item 23 consultations, 28 per cent were found to be inappropriate, as were 100 per cent of care plans, 100 per cent of reviews of care plans, 90 per cent of exercise electrocardiograms, 100 per cent of the removal of in-growing toenails. The Director met with Dr E on several occasions to discuss rendering of MBS items. Dr E acknowledged conduct during the review period constituted inappropriate practice and expressed an intention to significantly change the mode of practice. Dr E claimed to have been encouraged and reassured by more senior staff at the medical centre that Dr E's work was appropriate.

Dr E's case illustrates the effect poor mentoring can have on doctors early in their career. Dr E signed a negotiated agreement in which Dr E admitted to having engaged in inappropriate practice and agreed to repay the Commonwealth \$115,000 and be fully disqualified from Medicare for six weeks. The Director formally reprimanded Dr E.

PROTECT YOUR PROVIDER NUMBER

I'm a regular reader of the PSR annual reports and one of the recurring themes is the attribution of doctor claiming errors to professional isolation. Here's a sample of what has been said on the topic: "Practitioners referred by the Commission are often professionally isolated. They have little contact with professional colleagues and/or fail to keep their professional knowledge up-to-date. Others are manipulated by more senior practitioners or 'employers', or have deluded themselves. In the course of hearings, committees sometimes find impaired practitioners, mainly due to illness or substance abuse, and have referred these practitioners to the relevant Medical Board".

Dr Tony Webber, recent Director of the PSR, has expressed particular concern about doctors working in corporate environments where the corporation may be putting pressure on them to claim incorrectly. He has suggested that there needs to be legislative change so that the PSR can investigate the corporation in these instances – the PSR currently has limited capacity to do so.

Until such a time as the law changes, it is important to note that your provider number is yours alone to protect.

Let's leave the last word on this to the PSR, which has repeatedly stated: "A number of practitioners who work as independent contractors or employees in medical centres have claimed that office staff are responsible for itemisation on documents for Medicare benefit. This defence has been accorded little weight because the practitioner alone is responsible for the accuracy of the information provided for the purposes of a Medicare claim and this responsibility cannot be delegated or abdicated". ©



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