



Services Not Attracting Medicare Benefits

The Medicare Benefits Schedule (MBS)

Medicare benefits are claimable only for 'clinically relevant' services rendered by an appropriate health practitioner. A 'clinically relevant' service is one which is generally accepted by the relevant profession as necessary for the appropriate treatment of the patient.

In addition, services listed in the MBS must be rendered according to the provisions of the relevant Commonwealth, State and Territory laws. For example, medical practitioners must ensure that the medicines and medical devices they use have been supplied to them in strict accordance with the provisions of the Therapeutic Goods Act 1989.

Where a Medicare benefit has been inappropriately paid, the Department of Human Services may request its return from the practitioner concerned.

Services not listed in the Medicare Benefit Schedule

When a service is not clinically relevant, the fee and payment arrangements are a private matter between the practitioner and the patient. This includes services such as pre-employment medicals, diving medicals and aviation medicals. However, the patient must be advised in advance that there will be no Medicare rebate available for that service.

Billing practices

Medicare benefits are limited to services which the medical practitioner provides at the time of the consultation. Any other services must be

separately listed on the account and must not be billed to Medicare.

In addition, a non-clinically relevant service must not be included in the charge for a Medicare item.

Goods supplied for the patient's home use (such as wheelchairs, oxygen tanks, continence pads) must not be included in the consultation charge. Medicare benefits are limited to services which the medical practitioner provides at the time of the consultation - any other services must be separately listed on the account and must not be billed to Medicare.

Note – be sure to consider goods and services tax (GST) implications.

Bulk billing restrictions

When a medical practitioner bulk bills a patient for a service, the practitioner is accepting the relevant Medicare benefit (the rebate) as full payment for the service.

Therefore, additional charges cannot be raised at the same time as **bulk billing** for a service. This includes but is not limited to:

- any consumables that would be reasonably necessary to perform the service, including bandages and/or dressings;
- record keeping fees;
- a booking fee to be paid before each service; and
- an annual administration or registration fee.

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.

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The only exception to this is where the patient is provided with a vaccine or vaccines from the practitioner's own supply held on the practitioner's premises.

Therefore, it is a **breach of legislation** for a **medical practitioner or the practice** to charge for any associated consumables with a **bulk billed** service.

Charging for consumables

Many practices use consumable items such as dressings or surgical packs during procedures, or may provide goods for later use at home.

These can also include:

- bandages
- eye patches
- continence pads
- dressings such as DuoDERM, Tegaderm, OpSite or foam dressings
- wheelchairs
- oxygen tanks

These are not Medicare rebateable items.

It should be noted that, where a service is **not bulk billed**, a practitioner may privately raise an additional charge against a patient, such as for a consumable. An additional charge can also be raised where a practitioner does not bulk bill a patient but instead charges a fee that is equal to the rebate for the Medicare service. For example, where a practitioner provides a professional service to which item 23 relates the practitioner could, in place of bulk billing the patient, charge the rebate for the service and then also raise an additional charge (such as for a consumable). This way your patient is not out of pocket for the consultation and the practice is covering the cost of the dressing.

Your practice may like to set a general range of dressing descriptors and charges to your accounting software such as:

Description	Fee*
Basic dressing: eg cleaning wound, applying a dry dressing and a bandage	\$5.00
Standard dressing: eg cleaning wound, applying duoderm/tegaderm	\$10.00
Complicated dressing Level 1: depending on products used	\$15.00
Complicated Level 2: depending on products used, vascular bandaging	\$20.00

**These are an example only and not intended as a definitive list.*

Prescriptions and referrals

If a patient does not attend the medical practitioner, an MBS item number cannot be charged to provide a referral or prescription for your patient to collect from reception.

However, you may charge your patient a non-Medicare rebateable fee for the collection of the referral or prescription from reception, or for posting the referral to them. This is entirely at the doctor's/practice discretion.

References

Information in this fact sheet has been taken from the Medicare Benefits Schedule and is current at the time of printing.

To read the full MBS visit www.mbsonline.gov.au

More information

Enquiries about services not listed or on matters of interpretation should be directed to Medicare Australia on:

Telephone: 13 21 50

Email: askMBS@humanservice.gov.au