



# Guideline for substantiating billing for diagnostic imaging and pathology services rendered to emergency department patients of public hospitals

## What you need to know

Public hospitals are funded under an arrangement with the Australian Government to provide free public hospital services to eligible patients. This includes diagnostic imaging and pathology services provided to public hospital emergency department patients.

Medicare benefits are not payable for services provided to a patient in a public hospital emergency department. A patient who presents to a public hospital emergency department should be treated free of charge as a public patient.

If that patient is subsequently admitted they may elect to be treated as a private patient for those admitted services. The patient must be a private patient at the time all Medicare services are rendered.

Where a service for a patient in a public hospital has been billed to Medicare, the hospital or rendering practitioner may be asked to substantiate the billing.

This guideline outlines what you can do to substantiate diagnostic imaging and pathology services claimed under Medicare and rendered to private patients following an admission from a public hospital emergency department.

The guideline is not exhaustive; you can respond to a Medicare compliance audit or review using any document you think substantiates the concern raised. We may request additional documents from you if more information is needed to substantiate the services you have rendered.

## Documents you may use to substantiate your Medicare billing

Any document you give us should have been created during or as soon as possible after the service occurred. It should include the patient's name and the date the service was provided.

You may be asked to substantiate a patient was admitted as a private patient when the service was rendered.

Documents you may use include:

- the form the patient (or next of kin, carer or guardian) signed to indicate election to be admitted as a private patient, and



- patient records that show the patient was admitted as a private patient at the time the service was rendered.

**Note:** for Medicare benefits to be paid, a request for the diagnostic imaging or pathology service is also required.

You may be asked to substantiate the request for the diagnostic imaging service was effective for Medicare purposes.

To substantiate, the request must be in written form (including electronic) and include:

- a description of the diagnostic imaging service
- date of the request
- requesting practitioner details including signature, surname, initial or given names, practice address and provider number, and
- patient's name and address

You may be asked to substantiate the request for the pathology service was effective for Medicare purposes.

To substantiate, the request must be in written form (including electronic) and include:

- a description of the pathology service
- date of the request
- requesting practitioner details including signature, surname, initial or given names, practice address, and provider number
- patient's name and address
- details of the hospital status of the patient when the specimen was obtained i.e. whether the patient was, at the time of the service:
  - a private patient in a private hospital or approved day hospital facility
  - a private patient in a recognised hospital
  - a public patient in a recognised hospital, or
  - an outpatient of a recognised hospital.

You are not expected to produce clinical information relating to a patient unless those details are necessary to substantiate an effective pathology or diagnostic imaging request for a private patient existed.

If you need to use a patient's clinical information, you can censor any details that are not relevant to substantiating the claim. You can also choose to provide the information to one of our medical advisers.

## Resources

- [MBS Online](#)