



Guideline for substantiating personal performance by a consultant physician/specialist in a public hospital

What you need to know

Where a service for a patient in a public hospital is billed to Medicare, the hospital consultant physician or specialist may be asked to substantiate the billing.

This guideline outlines what you can do to substantiate that you, as a consultant physician or specialist, personally performed a referred consultation service on a private patient in a public hospital and appropriately claimed the service under Medicare.

This guideline is not exhaustive; you can respond to a Medicare compliance audit or review using any documents you believe substantiate the concern raised. We may determine more information is needed and request additional documentation to substantiate services you have rendered.

Public hospitals are funded under an arrangement with the Australian Government to provide free public hospital services to eligible patients.

For a Medicare claim to be paid for a patient in a public hospital:

- the patient must give informed financial consent to be treated as a private patient, and
- the consultant physician or specialist must be exercising their right to private practice when the service is rendered

Consultation refers to professional attendances or consultations as described in the Medical Benefits Schedule (MBS; see Additional Notes AN.0.1 and AN.0.3). MBS consultation items include items 104, 105, 110, 116 and 119. Professional attendance items funded under Medicare can be found at [MBS online](#) by searching for 'professional attendances'.

Read the [health professional guidelines](#) about substantiating claims for Medicare compliance purposes before proceeding.

Documents you may use to substantiate your Medicare billing

It is expected that consultant physicians or specialists maintain adequate and contemporaneous records of services rendered. Similarly, adequate and contemporaneous records should be maintained when you provide a referral or request for a patient.



To substantiate that your Medicare billing is compliant, you may provide:

- an extract from the clinical report showing you have personally provided the service to the patient e.g. notes in the clinical record made by you during or soon after consultation with the patient
- a valid referral clearly showing the patient's name, date of referral, and the name/s of the referring practitioner, specialist and/or consultant physician, and
- any other documents that you consider may show you personally performed the consultation to the patient on the specific day and time

If you need to use a patient's clinical information, you can censor any details that are irrelevant to substantiating the claim. You can also choose to provide the information to one of our medical advisers.

To understand the special referral requirements for referrals made within a hospital, and for additional information on general referral requirements, refer to MBS explanatory note GN6.16, available at [MBS Online](#) provides information on referral requirements

Resources

- [MBS Online](#)
- [Health Insurance Act 1973](#)
- [Health Insurance \(general Medical Services Table\) Regulations 2021](#)
- [Health Insurance Regulations 2018](#)
- [Health Professional Guideline – Substantiating that a valid referral existed \(from specialist or consultant physician\)](#)