



Inappropriate Practice

Inappropriate Practice relates to conduct by practitioners and corporate entities and is defined in the information on this page.

What is inappropriate practice?

Inappropriate practice is defined under section 82 of the *Health Insurance Act 1973* (HIA) as:

Unacceptable conduct

- A practitioner engages in inappropriate practice if the practitioner's conduct in connection with rendering or initiating of MBS, PBS or CDBS services is such that a Professional Services Review (PSR) Committee could reasonably conclude was unacceptable to the general body of the general body of their peers.

Prescribed pattern of services

- A practitioner engages in inappropriate practice in rendering or initiating services during a particular period if the circumstances in which some or all the services were rendered or initiated constitute a prescribed pattern of services. This includes:
 - Medical practitioners who provide more than 80 professional attendances on each of 20 or more days in a 12-month period (known as the [80/20 rule](#)), or who provide 30 or more relevant phone services on each of 20 or more days as a 12-month period (known as the 30/20 rule) are deemed to have engaged in inappropriate practice under the HIA.
- A practitioner does not engage in inappropriate practice in rendering or initiating services on a particular day during a review period if a PSR Committee could reasonably conclude that, on that day, [exceptional circumstances](#) existed that affected the rendering or initiating of the services.

Causing or permitting inappropriate practice

- A person can engage in inappropriate practice if the person:
 - knowingly, recklessly or negligently causes or permits a practitioner employed or otherwise engaged by the person to engage in conduct that constitutes inappropriate practice
 - knowingly, recklessly or negligently causes or permits a practitioner employed or otherwise engaged by the body corporate to engage in conduct that constitutes inappropriate practice.

Matters to which PSR Committee must have regard

- A PSR Committee must, in determining whether a practitioner's conduct in connection with rendering or initiated services was inappropriate practice, have regard to (as well as other relevant matters) whether the practitioner kept adequate and contemporaneous records of the services.



Inappropriate practice is a peer standard, which essentially means that a practitioner's or corporate entity's conduct falls outside the standard acceptable to their professional colleagues.

In determining the level of possible inappropriate practice, Professional Advisers and the delegate of the Chief Executive Medicare will consider factors such as:

- The degree of variance from peers in a range of parameters, such as total services, daily services, or the rendering or initiating of individual services. These practitioners will often be either among the highest renderers of services compared to peers or will vary from peers in their rendering or initiating of Medicare Benefits Schedule (MBS) or Child Dental Benefits Scheme (CDBS) items and/or Pharmaceutical Benefits Scheme (PBS) prescribing.
- Whether MBS/CDBS/PBS requirements have been met, including the MBS item descriptors and PBS restrictions and authority requirements.
- Whether services were clinically relevant. A 'clinically relevant' service is one that is generally accepted by the relevant profession as necessary for the appropriate treatment of the patient.

More information

[The Department of Health's role in identifying potential inappropriate practice](#)

[How to avoid practising inappropriately](#)

[Common compliance issues associated with findings of inappropriate practice](#)

[Prescribed pattern of services](#)

[Professional Services Review](#)