



Prescribed pattern of services (the 80/20 and 30/20 rules) – How breaches are detected and what happens next?

If you have breached the 80/20 rule and/or 30/20 rule by rendering or initiating a prescribed pattern of services, the delegate is required by the *Health Insurance Act 1973* (HIA) to request the Director of Professional Services Review (PSR) to review your provision of services.

Detecting an 80/20 or 30/20 breach

A medical practitioner engages in inappropriate practice if they have rendered or initiated services during a particular period of the circumstances in which some or all the services were rendered or initiated constitute a prescribed pattern of services, as included in the Health Insurance (Professional Services Review Scheme) Regulations 2019. This includes if a medical practitioner:

- Renders or initiates 80 or more relevant professional attendance services on each of 20 or more days in a 12-month period. This is commonly referred to as the "80/20 rule".
- Renders or initiates 30 or more relevant phone services on each of 20 or more days and a 12-month period. This is known as the 30/20 rule.

The [Health Insurance Act 1973](#) requires a request to be made to the Director of PSR (Director) if the Chief Executive Medicare (CEM) becomes aware of a breach of the 80/20 or 30/20 rules. This pattern of services is deemed to constitute inappropriate practice, except in exceptional circumstances.

We routinely monitor Medicare claims of all medical practitioners to identify those who are approaching or have exceeded the 80/20 or 30/20 level of servicing.

Next Steps

If you exceed the 80/20 or 30/20 level of servicing, you will be reviewed under the [Practitioner Review Program](#) (PRP).

Health Professional Advisers and senior staff employed by the Department have been delegated certain powers of the CEM, including the power to make a request to the Director to review the provision of services by a person during a specified period. These officers are called delegates of the CEM (delegates).

A delegate will verify that the medical servicing data indicates a breach of the 80/20 and/or 30/20 rule has occurred. The delegate may contact you and invite you to provide a [written submission with any further information](#) in response.



You are not required to make a written submission or to provide any additional information if you do not wish to do so.

Once the delegate has completed their review, a request will be made to the Director to review your service provision. The delegate will provide the Director with the reasons for the request and information relating to the provision of services which are the subject of the request. This may include Medicare servicing data and prescribing data and information that was provided by you in your written submission to the delegate. The delegate will provide written notification to you of the request.

A request to the Director is the initial step in the process for reviewing the provision of professional services under the HIA. It is not a final or determinative decision regarding whether inappropriate practice has occurred. Following a request, the Director will proceed in accordance with the statutory process, which includes opportunities at various stages for you to be informed of relevant information about your case and make submissions.

The PSR is an independent authority. If a request is made to the Director to review your provision of services, any further contact regarding the matter will be directly between you and the PSR.

More information

[80/20 and 30/20 Breaches](#)

[Exceptional Circumstances](#)

[MBS Online](#)

[Professional Services Review](#)

[Preparing a written submission for the Practitioner Review Program](#)