Do you work for an after-hours home visiting doctor service?



Read this before you start your next shift.

Are you aware of your billing responsibilities?

All doctors that bill Medicare (including home visiting doctors) must ensure that their billing is <u>accurate</u> and matches the service provided. Failure to do so may result in penalties being applied by Medicare.

But my company does all my billing for me...

Regardless of what your service provider bills on your behalf it is your responsibility to ensure that the billing codes are accurate.

What sort of penalties might apply?

Penalties applied by Medicare in the past have involved asking practitioners to re-pay all benefits that they were not entitled to or limitations on your provider number and ability to bill in the future.

What do I need to know?

Currently, you may be billing 'urgent after-hours' codes which are <u>597 or 599</u>. These codes are reserved for **urgent** home visits. You may be inaccurately billing these codes for patients who do not have an **urgent problem**.

Non-urgent codes are: <u>5003, 5010, 5023, 5028</u>.

What is the urgent code for?

<u>597/599</u> Professional attendance if: b) the patient's condition requires **urgent** medical treatment.

Who can access the after hours codes?

The After Hours Other Medical Practitioners Programme allows these codes to be used by non-vocationally registered medical practitioners. You are required to <u>enrol for RACGP or ACRRM assessment and obtain fellowship within six years</u> of registration for this programme.

What is defined as urgent?

Currently there is no clear guidance from Medicare. However, we suggest referring to the RACGP Position Statement which states 'the patient has an urgent health concern that cannot be delayed until the next day.'

What are the non-urgent codes for?

Code	Location	Complexity
5003	Not in a	Straightforward
5023	residential	Up to 20
	aged care	minutes*
5043	facility.	More than 20
		minutes*
5010	Residential	Straightforward
5028	aged care	Up to 20
	facility.	minutes*
5049		More than 20
		minutes*

*Important: only consulting time is counted (not travel time). As a guide, most consults in general practice are less than 20 minutes.

How will Medicare know what I do?

Medicare may perform audits on doctors to ensure that the billing of services is accurate. Documentation should accurately reflect the services rendered and the time and duration.

What should I do now?

You should ask your service provider to provide you with a list of items that they have billed on your behalf. If there are any inaccuracies, you should raise this with the company. If no action is taken, we suggest reporting the issue to Medicare or contacting the AMA if you are a member.

Insurance

The AMA (WA) encourages all members to have indemnity insurance. If you have insurance, it is important to check that you are adequately insured for providing after hours services.

For further advice and information, contact the Australian Medical Association (WA) on 9273 3000.

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