Medicare compliance and claiming Medicare benefits for services rendered while the provider is overseas

The Department of Health, Disability and Ageing (department) has identified a compliance concern relating to claiming of Medicare Benefit Schedule (MBS) services that appear to have been rendered by practitioners who are overseas. Section 10 of the *Health Insurance Act 1973* requires both the patient and provider to be in Australia for a service to be eligible for Medicare benefits. This document provides an overview of observed behaviour in the **Urology provider group**.

Background

Medicare benefits are only eligible for services rendered by a practitioner in Australia. This applies regardless of whether the services are:

- personally performed
- performed by a non-medical practitioner but require supervision (supervised services)
- provided in-person or via telehealth.

Following the creation of the *National Health (Data-matching) Principles 2020,* the department entered into an arrangement with the Department of Home Affairs to match MBS claims information with passenger movement records. Over the past 2 years, the department has undertaken a range of compliance and engagement activities with various provider specialties. Several common factors that may be contributing to this claiming have been identified, including:

- Misunderstanding or unawareness of the legislative requirements
- Incorrect claiming of services performed under locum arrangements
- 'On behalf of' services being supervised from overseas
- Potential misalignment between modern practice and legislation
- Administrative errors, including incorrect date of service or provider number submitted in the claim.

Urology Group Findings

The following data:

- is for the period **1 October 2022 to 30 April 2024**
- excludes claims made on the same day as overseas travel, either on departure or arrival, to account for services rendered in Australia on a travel day
- excludes non-service items such as bulk bill incentive items.

Claiming by Urology providers

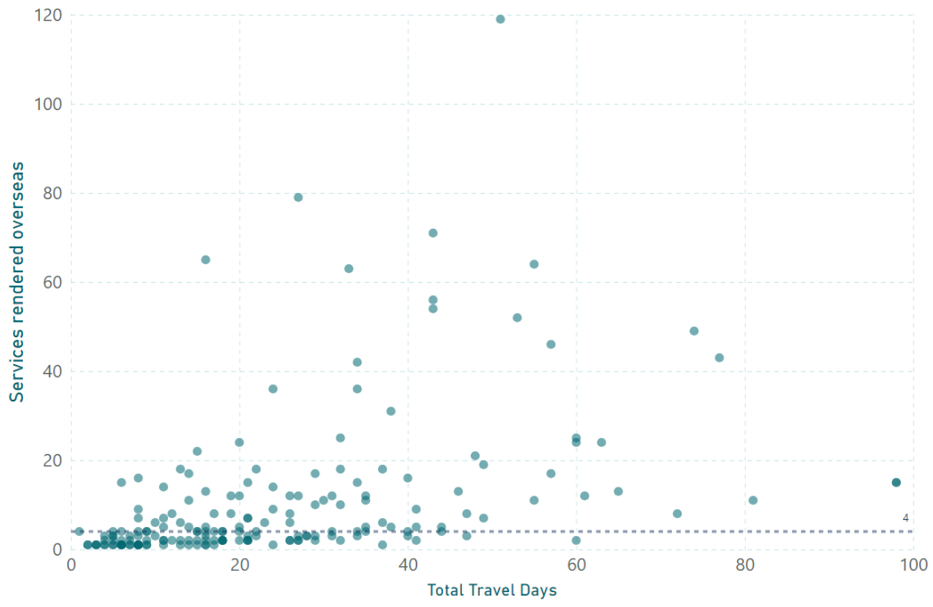
183 practitioners claimed for services rendered while appearing to be outside of Australia.

Approximately **2,500** services were claimed while the practitioner appeared to be overseas.

Approximately **$200,000** in Medicare benefits were paid.

59 unique items were claimed.

The top 10 items by volume account for **88%** of all services rendered while overseas by urologists.



Median number of overseas services claimed by a provider = **4 services**

Each dot on the above scatterplot represents an individual provider.

Outliers have been removed to ensure there is no reasonable likelihood of re-identification of providers occurring

Top 10 items claimed by Urologists while overseas

MBS Item	Item descriptor	Services	Benefits	Providers
105	Subsequent attendance at consulting rooms or hospital	626	$26,460	67
11900	Urine flow study, including peak urine flow measurement	498	$13,627	55
104	Initial attendance at consulting rooms or hospital	291	$24,988	37
91833	Subsequent phone attendance of more than 5 minutes in duration	237	$9,783	57
36800	Bladder, catheterisation of, where no other procedure is performed	121	$3,401	35
13950	Parenteral administration of one or more antineoplastic agents	117	$10,956	29
36671	Percutaneous tibial nerve stimulation, initial treatment	105	$20,117	15
36673	Percutaneous tibial nerve stimulation, maintenance treatment	79	$14,819	10
14206	Hormone or living tissue implantation by cannula	63	$2,279	24
36812	Either or both of cystoscopy and urethroscopy	44	$5,913	16