

CHANGES IN A NUTSHELL



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Loryn Einstein outlines the 2016 Health Fund and Medicare Changes.

2016 was an interesting year for medical billing. Throughout last year we saw a lot of debate (and some confusion) across the industry about both the Medicare Benefits Schedule changes and the Health Fund changes. This article will avoid any discussion of the political aspects of the changes and will

instead focus on giving you solid information to help you navigate the changes that have been made. Up to date medical billing knowledge will help you avoid lost income caused by unnecessary billing errors!

So here are a few things that you need to know to make this year smooth sailing...

1. The items eliminated in the July 2016 Medicare Benefits Schedule update included:

Respiratory	11321	Klockoff's tests
	11500	Bronchspirometry
Gastroenterology	13500	Gastric hypothermia
	13503	Gastric hypothermia
Obstetrics	16504	Treatment of habitual miscarriage with hormones
Regional or Nerve Blocks (for ENT)	18246	Glossopharyngeal nerve
Colorectal	32078	Sigmoidoscopic examination
	32081	Sigmoidoscopic examination
Ear, Nose and Throat	32081	Sigmoidoscopic examination
	41695	Turbinates, cryotherapy
	41758	Division of pharyngeal adhesions
	41761	Examination of postnasal space
	41849	Direct examination of larynx
	41852	Direct examination of larynx
Ear, Nose and Throat	58924	Graham's Test (cholecystography)
	58926	Graham's Test (cholecystography)
	59503	Pelvimetry
	59504	Pelvimetry
	59736	Vasoepididymography
	59737	Vasoepididymography
	59760	Peritoneogram (herniography)
	59761	Peritoneogram (herniography)
Respiratory	11321	Klockoff's tests
	11500	Bronchspirometry

2. The broader scoping changes in the November 2016 Medicare Benefits Schedule update included:

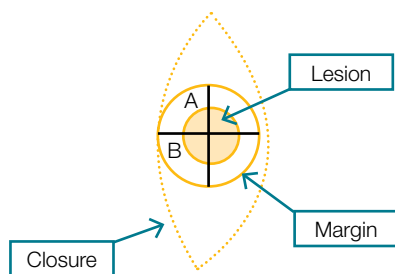
- Addition of 16 item numbers for services provided by sexual health medicine specialists for the treatment of sexually transmitted diseases and for the treatment of sexual function disorders;
- Addition of 15 item numbers for services provided by addiction medicine specialists for the treatment of addiction disorders;
- Replacement of four age based circumcision items numbers with two new item numbers 30658 (circumcision performed with anaesthetic) and 30654 (performed without anaesthetic);
- Patch testing item numbers 12015 and 12018 were replaced with item numbers 12017, 12022 and 12024 on 1 November 2016 and item numbers 12025-12027 were added retrospectively on 1 December 2016;

MEDICAL BILLING

TOP TIP:

With more providers joining the Australian Health Service Alliance (AHSA) and several funds softening their stance on charging gaps, early 2017 lends itself to a review of your billing and revenue plan.

- Addition of four new Breast MRI item numbers for patients with metastatic breast cancer (63487-63490);
- Replacement of 48 excision items with 21 new item numbers (31356-31376). The defect size for items 31356 to 31376 is the average of the width and length of the skin lesion and an appropriate margin calculated as follows:



$$\text{Defect size} = \frac{\text{excision length (A)} + \text{excision breadth (B)}}{2}$$

- Addition of an optical coherence tomography item number and two items for retinal photography with a non-mydratic retinal camera; and
- Amendments to three hip surgery items and one vascular surgery item.

3. The Australian Health Service Alliance (AHSA) Information Disclosure Changes included:

Starting from 1 January 2017, the AHSA Business Guidelines for doctors registered under its Access Gap Cover registration changed. From that date, any doctor submitting claims under the scheme will be subject to the new rules – this applies to no-gap as well as known-gap providers.

Under the terms of the new AHSA Information Disclosure Policy, any medical practitioner registering with AHSA after 1 January 2017 **OR submitting a claim to any AHSA fund after 1 January 2017** automatically gives AHSA the right to:

- Publish the doctor's name, practice address, specialty and other contact details on AHSA's web-based doctor searches; and
- Publish information relating to the charges that doctors have rendered such as gaps that they have charged to patients who are members of **any** AHSA fund.

4. The new AHSA participating Health Funds included:

GMHBA joined the Australian Health Services Alliance effective from 1 April 2016. GMHBA members who held GMHBA's 'Everyday' hospital product are now eligible for benefits under the AHSA rates. Previous to this change, the AHSA rate was only paid for members on the GMHBA 'Premium Hospital Gold' product. For services provided after 1 April 2016 make sure to invoice at the AHSA rate for all GMHBA patients.

Although **Budget Direct** and **Frank Health** are both serviced by GMHBA, neither fund was part of the new AHSA agreement. As a result, Budget Direct and Frank Health members are still only eligible for benefits to be paid under the old 'Everyday' schedule of benefits.

Qantas Assure launched in the first half of 2016. Qantas Frequent Flyer members are rewarded for increased physical activity using the wellness app and wearable technology such as the Apple Watch. Qantas Assure patients are to be billed at the NIB schedule rate. NIB's strict "No Gap" rules apply to Qantas Assure members.

5. But wait – there's more!

It is important to stay on top of the changes already in effect, but it is equally important to keep up to date with Health Fund changes that are scheduled for early 2017 and Medicare Benefits Schedule changes that will occur throughout the year. Keep an eye out for the next Medical Billing Experts article in the April issue, we will cover it all for you then! ©

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