Australian Government
Department of Health, Disability and Ageing

Health Provider Compliance Strategy 2025-30 and 2025 compliance priorities

The Department of Health, Disability and Ageing (department) is responsible for ensuring the integrity of Australian Government health program payments through the prevention, early identification, and treatment of incorrect claiming, inappropriate practice, and fraud.

The Health Provider Compliance Strategy 2025-2030 outlines the department's risk-based and proportionate approach to compliance, with a strengthened focus on prevention and education. Enforcement action is taken based on the seriousness and scale of the behaviour identified.

The department has identified health provider compliance priorities for 2025. These priorities reflect the department's commitment to act in specific areas and in consideration of the seriousness and scale of harm posed to the integrity of Australian Government health programs.

You can access the Health Provider Compliance Strategy 2025–30 and 2025 compliance priorities, as well as more information on the department's Medicare compliance approach at Medicare compliance | Australian Government Department of Health, Disability and Ageing.

Compliance priorities

Bulk billing and additional charges

Under the *Health Insurance Act 1973*, when you bulk bill a service, you agree to accept the Medicare benefit as full payment for the service. You must not charge additional fees for:

- record keeping
- a booking fee to be paid before each service
- an annual administration or registration fee
- any consumables that would be reasonably necessary to perform the service, including bandages and/or dressings.

You can read more about bulk billing requirements on the department's website: Medicare bulk billing and additional charges | Australian Government Department of Health, Disability and Ageing

Duplicate Payments

Medicare benefits are **only payable** where a service has not already been paid for through another government funding arrangement. If you provide a service to a public hospital in-patient, you cannot claim a Medicare benefit for that service. Doing so may breach Section 19(2) of the *Health Insurance Act 1973*, which prohibits Medicare payments where another government funding arrangement exists.

This requirement helps ensure the sustainability of Australia's healthcare system by avoiding duplicate payments and ensuring public funds are used appropriately. You can read more about Medicare billing in public hospitals on the department's website: Medicare billing in public hospitals | Australian Government Department of Health, Disability and Ageing

Specialist and consultant physician claiming of attendance items and management plans

Professional attendance services are the largest contributor to MBS expenditure. MBS claiming data shows specialist and consultant physician attendance items drove the growth of attendance items in the last 2 financial years. This includes management plans such as MBS items 132 and 133. The department's focus is on supporting you to understand how to claim these items correctly to protect the sustainability of Medicare.

MBS item 132 provides for a comprehensive initial assessment of a patient with at least 2 morbidities to develop a plan that is provided to the referring practitioner. The assessment must last at least 45 minutes and include a detailed history, examination, and development of a treatment and management plan of significant complexity. It is anticipated that the majority of patients will be able to be managed effectively by the referring practitioner using this plan.

MBS item 133 is a follow-up review of the treatment and management plan initially developed under item 132. The review should last at least 20 minutes and can be claimed up to twice in the 12-month period following a claim for item 132. A review is intended for use when a change in the patient's circumstances or condition requires a modified plan to be provided to the referring practitioner.

For patients whose condition remains stable but who still require ongoing support or involvement from the consultant physician, standard subsequent attendance items, such as MBS items 116, 119, 91825 and 91826 are available.

You can learn more about claiming specialist and consultant physician services on the department's website: AskMBS Advisory – Non-GP specialist and consultant physician services | Australian Government Department of Health, Disability and Ageing

Opportunistic billing and emerging business models

The department supports the use of technology in healthcare delivery and advocates for a future where innovation and integrity co-exist to improve patient care. The integrity of Australian Government health program payments is impacted where:

- arrangements between an organisation and a health professional remove health provider control over their claiming, or
- a practitioner's clinical independence is undermined by corporate billing requirements.

These factors increase the risk of inappropriate practice and the potential for patient harm.

As a healthcare provider, you play a key role in maintaining the integrity of the Medicare system. You are responsible for ensuring:

- each MBS service you provide or request is clinically relevant, and
- all aspects of the MBS item descriptor are met, and
- keeping accurate records to substantiate your services, and
- correct billing of the appropriate MBS item.

Routinely reviewing your claims helps ensure accuracy, supports compliance, and protects against potential misuse.

You can read more about how to comply on the department's website: How to comply with Medicare obligations | Australian Government Department of Health, Disability and Ageing

Claiming MBS benefits while overseas

Section 10 of the *Health Insurance Act 1973* requires both the provider and patient to be in Australia for a service to be eligible for Medicare benefits. This applies regardless of whether the services are:

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

If you are travelling or have travelled overseas

- If you provide medical services, including telehealth services, while you or your patient are outside of Australia, you cannot claim MBS benefits.
- If another health professional provides or supervises a service for your patient while you are overseas, they must use their own provider number for any billing, including under locum arrangements. An MBS claim made under your provider number(s) indicates that you personally performed or supervised the service.
- Protect your provider number by maintaining good records, closing unused provider numbers and regularly check who can claim on your behalf.
- You should review any claim history if you have travelled overseas to ensure claims are not made on your behalf. Notify anyone who may process claims on your behalf if you are planning to travel overseas.
- You should seek relevant advice if you intend to provide privately billed services whilst overseas.

If you find any incorrect claims

If you identify any incorrect claims, you can make a voluntary acknowledgement of incorrect payments. If you are subject to compliance action, you will be given the opportunity to review and explain your claims, including any instances where you believe you were in Australia on the date of service, before any finding of non-compliance is made.

More Information

You can find more information about the department's Medicare compliance approach and current compliance activities at Medicare compliance | Australian Government Department of Health, Disability and Ageing.