

## Recognition Criteria Changes

The purpose of this document is to outline the changes made to the Ancillary Provider Recognition Criteria and Standards from the previous version dated 15/06/2018 to the current version dated 26/11/2018.

### Ancillary Billing Standards

Inclusion of notification and repayment of amounts paid in error.

#### Recognised Provider Recognition Criteria

If you wish to be recognised, or to continue to be recognised, by us for the payment of **Benefits** to or on behalf of a **Member**, we expect you to meet the following criteria:

#### 1. Your dealings with us

- If you become aware of, or facilitate, a claim for **Benefits** which was made in error (whether partly or wholly), you will promptly notify us and arrange to repay to us the amount(s) paid in error.

Inclusion of exception relating to invoices issued by email.

#### 3. Member accounts

Your member accounts<sup>1</sup>:

- are signed by you or your authorised representative (the name of the person signing the receipt must be clearly legible), except if the invoice is issued by email;

Inclusion of direct supervision definition and removal of duplicate statement.

#### 4. Use of provider number and electronic claims

With respect to use of your provider number and making electronic claims, you:

- only use your provider number for billing in respect of services or goods which you provided personally or which were provided under your direct supervision<sup>2</sup>;
- do not initiate an account or electronic claim unless you provided the services (which includes students and assistants working under your direct supervision and/or instruction); and

## Patient Record Standards

Inclusion of gender.

#### 1. Patient records – general requirements

Your patient records:

- contain:
  - the patient's name, address, date of birth, gender and contact details;

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<sup>1</sup> 'Member accounts' means invoices, receipts and other documents created in connection with the billing our **Members** for services or goods and used or intended to be used in connection with a claim for **Benefits**.

<sup>2</sup> Direct supervision means having active supervisory responsibility for the provision of the services and only applies for dental therapists, dental hygienists, oral health specialists and optical dispensers.



Inclusion of diagnostic interventions and test, and the making of contemporaneous notes.

## 2. Patient records – specific requirements in relation to each *Treatment*

For each *Treatment*<sup>3</sup> provided, your patient record shows:

- the results of diagnostic interventions or tests;
- progression of the *Treatment* provided by making contemporaneous notes.

## Recognition Criteria - Frequently Asked Questions

Inclusion of question and answer.

What should I do if I become aware of a claim made in error?

Providers have several options to contact our Helpdesk:

Phone:

- Ancillary Providers - Members' Choice – 1300 720 165
- Ancillary Providers - Non-Members' Choice – 1300 654 887

Live Chat:

Medibank Provider Live Chat is an easy-to-use tool that increases the flexibility in your interactions with Medibank and allows queries to be answered and resolved efficiently by dedicated Live Chat agents.

To access Live Chat go to [www.medibank.com.au/providers/livechat](http://www.medibank.com.au/providers/livechat)

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<sup>3</sup> '*Treatment*' means services and items for which *Benefits* are payable under our **Fund Rules**