	Title: Position Statement 18: Provider Numbers	
	Date Reviewed: April 2022	Version PS18.22.0
	Approved by: Board of Directors	Next Review: April 2023

## Provider numbers

A provider number is a unique formation of letters and numbers an eligible health professional can access. This number enables practitioners to be able to bill, claim, refer or request health care services.

## Practitioner responsibilities

### Holding and utilising a provider number

ADOHTA Ltd. supports the Dental Board of Australia in defining all dental practitioners as independent practitioners and maintaining professional conduct ("Dental Board of Australia - Guidelines for scope of practice", 2022). For transparency of service delivery and accountability, ADOHTA Ltd. encourages all independent practitioners to obtain and claim under their unique and appropriate Medicare Provider Number. In some practice settings, such as public sector services, there may continue to be utilisation of a single provider number through a Representative Public Dentist (RPD).

To be eligible to apply for a provider number, it is necessary to be registered with the Australian Health Practitioner Regulation Agency (AHPRA) or an approved registration body ("Dental practitioner recognition", 2022). Eligible health professionals can: refer a patient to a specialist, consultant physician or allied health professional; also request diagnostic imaging. If referring, the patient referral letter/form or request must include the practitioners name and provider number for the location where the referral or request was written and/or the address of the practice location at, or from, which the referral or request was written. Medicare benefits cannot be accessed unless a Medicare provider number is held. Multiple Medicare provider numbers are required if a practitioner delivers health services in more than one health profession or location. To prevent fraudulent use of your practitioner provider number, notify Medicare Australia promptly to close your provider number when practising is ceased from a location.

There are multiple fee schedules within governmental funding, benefits can be claimed by many divisions of Dental practitioners from the Child Dental Benefits Schedule (CDBS) and Department of Veteran Affairs Dental Schedule (DVA). Medicare Provider Numbers are also used by Private Health Insurers to issue benefits to practitioners for the provision of dental services.

### Child Dental Benefits Schedule (CDBS)


The CDBS provides eligible children with funding for items defined within the schedule. Dental practitioners and Oral health professionals should make relevant claims within their individual scope of practice. Services Australia provides an apt eLearning Module (code MBSM11) designed at helping a health professional by giving an overview of eligibility and understanding of how to apply for a provider number from Medicare.

### Private Health Insurer (PHI)

Private health insurance can be obtained by individuals to subsidise the cost of private dental services. For most PHI's, dental and oral health professionals are referred to as ancillary providers. It is important to read and ensure compliance with the terms and conditions applicable to the relationship with PHI.

### Compliance requirements and audits related to a provider number

Diligence and attention are needed in making appropriate claims for services provided. If found to have made or authorised false or misleading statements relating to service benefits, individuals could be found to have committed an offence and may incur penalties such as fines or be investigated further. If a benefit is deemed as incorrectly paid, subject to or following investigation, the Private

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Health Insurer or Department of Health may also request recovery of that benefit from the practitioner who provided the service.

It is an offence under Section 19 CC of the Act to provide a service without first informing a patient where a Medicare benefit isn't payable for that service, for example the Oral health professional is not registered for Medicare benefits, the service is not listed in the Child Dental Benefits Schedule, Medicare Benefits Schedule (MBS), or the dental practitioner does not have access to Medicare Benefits.

Most PHI's reserve the right to request patient and/or treatment records for any of their clientele for any reason, and the recognised provider must provide copies, usually at their own cost, of those records within a time frame specified by the individual PHI of such a request.

#### **Appropriate claiming and recording keeping**


Under section 51 of the *Health Insurance Regulations 2018*, certain information must be included on an account or receipt. Services cannot be billed nor claimed prior to the services being provided. A patient may not be charged for a service, nor a deposit taken for a service that is identified as later needed, until that service has been provided. Accounts must reflect true and accurate records to the services provided.

#### **ADOHTA supports and recognises the Dental Board of Australia's Guidelines in**

Dental record keeping ("Dental Board of Australia - Dental records", 2022). Writing and maintaining clear yet detailed and accurate records, not just for good practice and continuity of care, but also may assist if an audit were to occur. It is important to establish the administrative record keeping standards within the practice and encourage consistency amongst yourself and colleagues. ADOHTA encourages the use of the DBA's self-reflective tool for dental record keeping and engaging with continual professional development. Having accurate and reliable records during an audit will ensure benefits or payments received for services were correct and clinically appropriate.

A service provided must be clinically relevant, that is it must be deemed as accepted as being necessary by the general dental profession. To claim a fee for services provided, it must be provided in accordance with glossary of the Schedule. Claimants must be familiar with item conditions or restrictions. For example, 88161 can only be used up to four times on that given day, any subsequent sealants performed are claimed under 88162.

It is important to read and understand each PHI's terms and conditions, to adhere to their regulations, record keeping and preferred provider schemes.

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List of References

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