

Service event—amount of Medicare Benefit Schedule (MBS) benefit paid, Australian currency N[NNN].NN

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Service event—amount of Medicare Benefit Schedule (MBS) benefit paid, Australian currency N[NNN].NN

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Medicare Benefits Schedule (MBS) benefit paid
Synonymous names:	Benefit paid
METEOR identifier:	600470
Registration status:	Commonwealth Department of Health , Retired 19/10/2023
Definition:	The total amount of Medicare Benefit paid for services performed by a Medicare service provider , expressed in Australian dollars.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Service event—amount of Medicare Benefit Schedule (MBS) benefit paid
METEOR identifier:	600468
Registration status:	Commonwealth Department of Health , Recorded 28/05/2015
Definition:	The amount of Medicare Benefit paid for services performed by a Medicare service provider .
Object class:	Service event
Property:	Amount of Medicare Benefit Schedule (MBS) benefit paid

Source and reference attributes

Reference documents:	HIC Encyclopedia
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Value domain attributes

Identifying and definitional attributes

Value domain:	Total Australian currency N[NNN].NN
METEOR identifier:	602458
Registration status:	Commonwealth Department of Health , Retired 19/10/2023
Definition:	Total number of Australian dollars and cents.

Representational attributes

Representation class:	Total
Data type:	Currency
Format:	N[NNN].NN
Maximum character length:	6
Unit of measure:	Australian currency (AU\$)

Source and reference attributes

Submitting organisation: Department of Health

Data element attributes

Collection and usage attributes

Guide for use:

In general, the Medicare benefit is 85% of the Schedule fee. Services to private patients in a public hospital attract a flat Medicare benefit of 75% of the Medicare Schedule Fee. Public patients in public hospitals are not charged for medical services or hospital accommodation costs.

The benefit paid for each item of service changes with changes to the Schedule fee. As a general rule, Schedule fees are adjusted on an annual basis.

For bulk billed services, the benefit paid is equal to the fee charged. This is often not the case for patient billed services paid by the HIC prior to the account being settled with the medical practitioner.

The benefit paid for a service may be effected by various multiple service rules. For example, operations occurring in the same episode the most expensive item will receive a benefit based on 100% of the relevant MBS schedule fee, the next most expensive item benefit will be calculated based on 50% of the relevant MBS schedule fee, and subsequent items will have benefits calculated on 25% of the MBS schedule fee. Multiple service rules apply to operations, anaesthesia and diagnostic imaging services.

The benefit does not include grant payments, such as the Health Program Grant payments for use of radiation oncology equipment to provide services.

Services not attracting benefits include:

- Telephone consultations, or the issue of repeat prescriptions when the patient is not in attendance
- Services performed for cosmetic reasons
- Performance of euthanasia
- Manipulations performed by the para-medical categories, such as physiotherapists, podiatrists, etc, even though they may be done on the advice of a medical practitioner
- A medical examination for the purpose of life insurance, a superannuation or provident account scheme or admission to membership of a friendly society
- Services that qualify for a benefit under the Department of Veteran's Affairs National Treatment Account
- Services where the medical expense is the responsibility of the employer of the consumer, mass immunisation programs, health screening services not reasonably required for the management of the patient's medical condition
- Services not attracting Medicare benefits
- Where the medical expenses for the service is paid or payable to a recognised public hospital
- Where the medical expenses for the services are in relation to compensable injury or illness for which the patient's insurer or compensation payer has accepted liability. Medical benefits are payable until liability is accepted.

Some item numbers only attract a Medicare Benefit when performed in association with other items. For radiotherapy items, when more than one field (part of the body) is subjected to radiotherapy treatment, a derived/aggregate fee item is used. When this occurs, only one benefit is payable which includes the schedule fee of the base item added to the amount calculated for the derived/aggregate fee item.

Related Data Elements:

ADJ_RSN_CDE

Where the benefit paid is a negative amount, as is the case when a negative adjustment is made to a service line, the service line must be accompanied by an adjustment reason (ADJ_RSN_CDE).

Source and reference attributes

Submitting organisation: Department of Health

Reference documents: HIC encyclopedia

Derived from the Medicare Benefits Schedule Book 1 November 2001.

Medicare Statistics System (MSS) File Descriptions

Relational attributes

Related metadata references:

See also [Service event—Medicare Benefits Schedule \(MBS\) schedule fee, total Australian currency N\[NNN\].NN](#)

[Commonwealth Department of Health](#), Retired 19/10/2023

See also [Service event—Medicare fee charged, total Australian currency N\[NNN\].NN](#)

[Commonwealth Department of Health](#), Retired 19/10/2023

Implementation in Data Set Specifications:

[Medicare Benefits Schedule \(MBS\) state/territory data extract 2013-14](#)

[Commonwealth Department of Health](#), Retired 19/10/2023

Implementation start date: 01/07/2013

Implementation end date: 30/06/2014

DSS specific information:

Variable name = BENPAID