

CMP Guide to Invoicing

This invoicing guide details the requirements for submitting a tax compliant invoice, as set by the Australian Taxation Office and detailed in the Medical Services Agreement (MSA) between the Health Service Provider (HSP) and the Contracted Medical Practitioner (CMP).

The Western Australian Government Medical Services Schedules Policy (WAGMSS) defines the eligible medical services, item numbers and fees payable that CMPs may invoice. WAGMSS is updated each year effective 1 December.

The current WAGMSS Administration Instructions and Procedures, along with the current Schedule of Fees, can be accessed from the <u>Contracted Medical Practitioner page</u> of the Department of Health public website at <u>www.health.wa.gov.au</u>.

Mandatory Information

The following information must be included on every invoice.

1. The invoice must clearly state:

- \Rightarrow The words Tax Invoice
- \Rightarrow Your Trading Name
- \Rightarrow Your Trading Address

2. Australian Business Number (ABN)

⇒ If you do not have an ABN, contact MAAS Support on MAAS_Support@health.wa.gov.au

3. Invoice Number and Invoice Date

- \Rightarrow The Invoice Number must not exceed 50 characters
- \Rightarrow The Invoice Number can only include alpha numeric characters plus the following special characters: * / _
- \Rightarrow One invoice (only) per file in PDF format is preferred
- 4. CMP Provider Number (for the purposes of invoicing on a Fee for Service basis)
 - ⇒ Your CMP Provider Number consists of your MPO number, site code and contract number. For example, 500000-BY1-1
 - \Rightarrow Your CMP Provider Number is specific to the hospital referenced in your MSA
 - \Rightarrow If you have more than one MSA, you will have more than one CMP Provider Number
 - \Rightarrow A tax compliant invoice must include the CMP Provider Number applicable to the hospital where the medical services were provided
 - \Rightarrow Separate invoices must be supplied for each CMP Provider Number

5. Date the relevant service was provided

 \Rightarrow The date cited on the invoice will be verified against the hospital's records

6. Item number for the relevant service

⇒ Each service that is invoiced must include the correct item number from the Western Australian Government Medical Services Schedules Policy (WAGMSS) and the correct applicable fee from the WAGMSS Fee Schedule

7. Patient Details

⇒ The Unique Medical Record Number (UMRN) is assigned to the patient by the hospital. The UMRN as well as the patient's name and date of birth should be referenced in the invoice



- \Rightarrow If a patient is attended multiple times on the same or on different invoices, you must state the times of each attendance and state why multiple attendances were required
- $\Rightarrow~$ Invoices may include items for more than one patient

8. Any applicable service qualifiers (item description)

- \Rightarrow Each service item must include a description of the service
- \Rightarrow If the same item number is claimed on the same day (this only applies for surgical items) for the same patient more than once, the description must include the body position of the service
- $\Rightarrow\,$ Service qualifiers are factors stipulated in the WAGMSS that affect the agreed fee for a given service
- \Rightarrow Service qualifiers include:
 - Where the service was provided more than once on the same day, the number of occasions and the time each service was provided
 - Where the service was provided after hours, or if it is an emergency procedure, the time the service was provided
 - Where the service was surgical assistance, the base item and which doctor they assisted
 - Where travel costs are claimed, the number of kilometres travelled

9. The Health Service Provider name

- ⇒ Invoices must show which Health Service Provider is being invoiced, e.g. WA Country Health Service; East Metropolitan Health Service etc, and the hospital name
- \Rightarrow In the case of an anaesthetist, the account should also show the name of the Medical Practitioner who performed the operation

10. Agreed fee, exclusive of GST, for the relevant service

- ⇒ The fee must be sourced for the relevant service item from the current WAGMSS Fee Schedule
- ⇒ Invoices with fees that do not match the current WAGMSS fee for the relevant service item will be rejected and returned to the CMP to correct. There is a \$2 over and \$10 under tolerance built into the system
- \Rightarrow WAGMSS is updated on 1 December each year and the updated fee must be applied to invoices for services provided on and after that date

11. GST payable

 \Rightarrow The GST payable must be specified

12. Payment instructions

- ⇒ Payments of invoices are made to the bank account nominated by you on your Application for a CMP Registration Number
- $\Rightarrow\,$ Although not mandatory, it is preferable that you include payment instructions on your invoice
- ⇒ If you wish to update your payment details, you should contact MAAS Support via MAAS_Support@health.wa.gov.au

Additional Mandatory Information for Anaesthetic Invoices

Invoices for Relative Value Guide (RVG) anaesthetic procedures must include three components from the WAGMSS Anaesthetic Items Fee Schedule.

- Together, these components give the total RVG derived value for that service:
 - \Rightarrow The Base RVG Units that relate to the procedure item number
 - $\Rightarrow\,$ The start and end times (in a 24 hour clock) of the procedure and the corresponding Time Units



- $\Rightarrow\,$ The Modifying Units that relate to the physical status and other factors that relate to the patient
- \Rightarrow In addition, the invoice must specify any applicable afterhours loading (EAHA).



Example Tax Invoice CMP Trading Name Pty Ltd¹ Invoice Number³ Building Name Street Address Invoice Date Suburb State Postcode Invoiced To: Telephone: 08 9999 9999 HSP E-mail: info@example.com.au Hospital Site ABN No.2 9999 9999 999

CMP Provider No.: 500000-BY1-1

Street Address Suburb State Postcode

Tax Invoice

00007890

8/03/2019

Date of Service ⁵ Pa	tient Details ⁷ Item No. ⁶	tem Description ⁸	Fee ¹⁰	GST ¹¹	Total
7/02/2019		D Consultation prior to major	200.00	20.00	220.00
	20/01/1980	regional block ade in a			
	H8792526	patient in labour			

Total

200.00 \$ 20.00 \$ 220.00

Banking Details: ¹² Bank: Example Bank

BSB Code: 999 999 Account Number: 999 999

Please note - the numbers highlighted in blue on this example invoice correspond to the numbers in the CMP Guide to Invoicing, available from www.health.wa.gov.au



Example Anaesthetist Tax Invoice

CMP Trading Name Pt; Ltd¹ Billding Name Street Addless Sibirto State Postoole Telepione: II8 9999 9999 E-mall: Info@example.com.av

involce Number ⁸	00 00 78 90
Involce Cate	8/03/20 19
Involced To: ^B	

Tas involce¹

A BN No..² 9999 9999 999

HSP Hospital Site Street Address Stiblith State Postbode

CIMP Provider No.:4 SOCOD-BY1-1

Date of Service ⁶	Patient De tall 🖡	Surgeon	ttem No. ⁸	ttem De∎cription ⁸	RVG Unit:	Fe e ¹⁰	G \$T ¹¹	Total
7/02/2019	John Doe 2002/1985 H8702423		CA7610	Hospital Pre-Op - Pre- Anaes the tic Consultation	2	79 90	7.99	87,89
7/02/2019	John Doe 2002/1985 H8702423		CFOT 52	Ventral, or hotsional kernta, repair of requiring musce transposition, mes i kern lopiasty or resecton of strangulated bowei (assist)	6	239.70	2397	263 <i>6</i> 7
				Other Modifiers: MD Physical Status: P3	_	0.00 39.96	000 400	0.00 (3.95
				Time Units:start 1400 end 15:35	7	279.65	27.97	307.62
				Total Unite	14			

Total

\$ 635.20 \$ 63.53 \$ 703.13

Eanking Details:¹² Bask: Example Bask BSB Code: 999 999

8 S8 Code: 999 999 Account Number: 999 999

Please note - the symbols highlighted in blue on this example hubble correspond to the symbols in the CNAP Cuble to Involving, available from www.leafth.wa.gou av