

Using AI for Billing Support and Data Quality

A practical checklist for GP practices

What is AI for billing support and data quality?

- These tools analyse information in practice systems to support billing accuracy, recalls, reporting, data quality and administrative workflows.
- They may highlight possible MBS items, overdue care activities, duplicate records, missing data or documents needing action.
- Outputs are suggestions only and must be checked before they are used.

Before you start

- Confirm its intended use, how patient information is handled, who can access the data, and how outputs will be reviewed.
- Nominate an AI governance lead, update relevant policies, complete a privacy assessment, and train staff before implementation.

1. Vendor assessment and intended use

- ☐ Confirm the tool is designed for Australian general practice or healthcare workflows, not general-purpose data analysis.
- ☐ Define what the tool is allowed to do, such as MBS item review, recalls, dashboards, document sorting, reporting or debtor follow-up.
- ☐ Ask the vendor to confirm the tool's intended use and whether Therapeutics Goods Administration (TGA) medical device requirements apply.
- ☐ Confirm the vendor can demonstrate compliance with Australian privacy law, including overseas disclosure requirements where relevant.
- ☐ Confirm where data is stored, who can access it, how long it is kept and how it can be deleted or returned if the practice stops using the tool.
- ☐ The vendor clearly discloses whether patient information is used to train AI models or shared with other organisations, and identifies the legal basis for doing so, including whether patient consent is required.
- ☐ Review encryption, access controls, audit logging and available security assurance documents such as SOC 2, ISO 27001 or equivalent.
- ☐ Confirm there is a clear process for privacy, security or data-quality incidents.

2. Patient data, transparency and consent

- ☐ Update the practice privacy notice to explain how patient information may be used for billing support, reporting, recalls and quality improvement.
- ☐ Use only the patient information needed for the approved purpose and remove identifying details where possible.
- ☐ Tell patients about relevant uses through the practice website, posters, new-patient forms or privacy notices where appropriate.
- ☐ Have a process for managing patient preferences or objections where legally required and operationally feasible.
- ☐ Confirm that privacy law allows the proposed use of patient data and that data is kept secure.

3. Operational and clinical governance

- ☐ Nominate an AI governance lead with authority to oversee approved tools, staff responsibilities and escalation steps.
- ☐ Nominate a clinical lead where outputs may affect clinical recalls, care plans, interventions or billing decisions.
- ☐ Clinicians check and approve AI-suggested billing items, recalls, care plans or interventions before they are actioned.
- ☐ AI-suggested MBS items are checked against current MBS rules, Services Australia guidance and relevant practice policies before billing.
- ☐ Include the tool in the practice risk management plan and incident reporting process.

4. Data quality and integrity

- ☐ Check data quality before using the tool, including duplicate records, inactive patients, missing demographics and coding inconsistencies.
- ☐ Regularly compare AI outputs with the original clinical or billing data.
- ☐ Have a process for correcting inaccurate data and documenting important changes.
- ☐ Have a backup process if the tool is unavailable, produces incorrect results or cannot connect to the practice system.

5. Privacy and cybersecurity

- ☐ Complete a privacy impact assessment before the tool reads patient data. For solo practices or practices with up to 5 clinicians, use the CESP HN [simplified privacy impact assessment template](#). Larger or corporate practices may use the Office of the Australian Information Commissioner (OAIC) [Privacy Impact Assessment Tool](#).
- ☐ Update the practice privacy policy to include the tool where required.
- ☐ Make sure staff understand their privacy responsibilities.
- ☐ Limit access to approved staff and maintain a record of access where possible.
- ☐ Ask the vendor how the tool connects to the practice system and what information it can access.
- ☐ Check basic cyber safety settings are in place, including Multi-factor Authentication (MFA), updates, access controls and backups.

6. Staff training and change management

- ☐ Train staff on what the tool can and cannot do before launch.
- ☐ Staff understand that AI outputs may be incomplete, inaccurate or unsuitable and must be reviewed before action.
- ☐ Staff know who to contact internally and externally if the tool fails or produces a concerning result.
- ☐ Plan how the tool will fit into everyday workflows, including who reviews outputs and who approves actions.

7. Ongoing review and monitoring

- ☐ Set success measures before rollout, such as billing accuracy, recall completion, no-show rate, document turnaround, data quality and staff experience.
- ☐ Review accuracy, value, incidents and staff feedback regularly.
- ☐ Audit AI-suggested MBS items against MBS rules and Services Australia guidance on a regular basis.
- ☐ Review the tool after major product updates, Practice Management Software (PMS) changes or workflow changes.

Caution

Do not use AI outputs as automatic billing decisions. Do not allow unapproved staff to access patient data. Do not enter patient information into public AI tools. Do not assume vendor claims are enough, check privacy, security and data handling arrangements by asking the vendor to provide documentation/proof.

Key message

AI can support billing, data quality and administration, but it does not replace professional judgement, Medicare compliance or practice accountability. The billing clinician remains responsible for MBS claims, and the practice remains responsible for privacy, security and data quality.

Key resources

- RACGP: [Artificial intelligence in primary care, position statement](#)
- Services Australia: [MBS and DVA billing guidance](#)
- MBS Online and AskMBS: [MBS interpretation advice](#)
- OAIC: [Guidance on privacy and the use of commercially available AI products](#)
- TGA: [Artificial intelligence and medical device software regulation](#)
- ACSQHC: [National Model Clinical Governance Framework](#)

Further Questions

Contact the CESP HN AI Project Officer (digitalhealth@cesphn.com.au) or seek advice from the practice's Medical Defence Organisation, indemnity insurer, IT provider or relevant professional adviser.