

The Changes to Medicare Primary Care Items

A FACT SHEET FOR GENERAL PRACTITIONERS

This fact sheet sets out the changes to Medicare attendance items for vocationally-recognised General Practitioners (GPs) as a result of the Medicare Benefits Schedule (MBS) Review which will be effective from **1 May 2010**. These include changes to:

- Item descriptors for general attendance items;
- Attendance items out of consulting rooms;
- After hours attendance items;
- Prolonged attendance items;
- Health assessment items;
- Chronic disease management items; and
- GP multidisciplinary case conference items.

INCREASES IN MEDICARE FEES

The fees for level C and D general attendance items will be **increased**, as set out in the table below:

Item level	Old fee	New fee
C	\$65.20	\$66.45
D	\$95.95	\$97.80

Fee increases will apply to groups A1 (GP attendance items), A7 (GP Acupuncture attendance items), and G18 (Practice Incentive Payments).

CHANGES TO TIME-BASED GENERAL ATTENDANCE ITEM DESCRIPTORS

Changes to general attendance item descriptors are listed below.

Level A \$15.70	Item descriptor will not be changed.
Level B \$34.30	Professional attendance by a general practitioner lasting less than 20 minutes involving, where clinically relevant: <ol style="list-style-type: none"> taking a history; undertaking clinical examination; arranging any necessary investigation; implementing a management plan; providing appropriate preventive health care, in relation to one or more health related issues, with appropriate documentation.
Level C \$66.45	Professional attendance by a general practitioner lasting at least 20 minutes involving, where clinically relevant: <ol style="list-style-type: none"> taking a detailed history; undertaking clinical examination; arranging any necessary investigation; implementing a management plan; providing appropriate preventive health care, in relation to one or more health related issues, with appropriate documentation.
Level D \$97.80	Professional attendance by a general practitioner lasting at least 40 minutes involving, where clinically relevant: <ol style="list-style-type: none"> taking an exhaustive history; undertaking clinical examination; arranging any necessary investigation; implementing a management plan; providing appropriate preventive health care, in relation to one or more health related issues, with appropriate documentation.

When billing a patient using these items, GPs will be able to undertake all or some of the tasks set out in the item descriptors as clinically relevant. This should be reflected in the practitioner's record. The changes clarify that these items may be claimed where GPs address one or more health related issues in one consultation, and give support to GPs providing preventive health care.

The new descriptors for levels B, C and D items will apply to the following groups:

Group A1	GP attendances to which no other item applies.
Group A22	GP after hours attendances to which no other item applies.
Group A7	Acupuncture attendance items by a GP who is a qualified medical acupuncturist.
Group A13	Public Health Physician attendances to which no other item applies.
Group A18 Subgroup 1	Practice Incentive Payments - taking of cervical smear from an unscreened or significantly unscreened woman.
Group A18 Subgroup 2	Practice Incentive Payments - completion of a cycle of care for patients with established diabetes mellitus.
Group A18 Subgroup 3	Practice Incentive Payments - completion of the asthma cycle of care.

CHANGES TO ATTENDANCE ITEMS PROVIDED OUT OF CONSULTING ROOMS

Medicare items for standard consultations provided out of consulting rooms will be combined for home visits, hospital and other institutions. Items relating to services to residential aged care facilities will remain unchanged. These changes are set out in the table below.

Category	Old item no.	Old item name	New item no.	New item name
Non-referred in hours attendances	4	Home visit	4	Home visit or consultation at an institution (other than a residential aged care facility)
	13	Consultation at an institution other than a hospital or residential aged care facility	\$15.70 + derived fee*	
	19	Consultation at a hospital		
	24	Home visit	24	Home visit or consultation at an institution (other than a residential aged care facility)
	25	Consultation at an institution other than a hospital or residential aged care facility	\$34.30 + derived fee*	
	33	Consultation at a hospital		
	37	Home visit	37	Home visit or consultation at an institution (other than a residential aged care facility)
	38	Consultation at an institution other than a hospital or residential aged care facility	\$66.45 + derived fee	
	40	Consultation at a hospital		
	47	Home visit	47	Home visit or consultation at an institution (other than a residential aged care facility)
	48	Consultation at an institution other than a hospital or residential aged care facility	\$97.80 + derived fee	
	50	Consultation at a hospital		

* The derived fee is \$24.05 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for the respective in-surgery item plus \$1.80 per patient.

Medicare items for non urgent after hours services for home visits and consultations at an institution will be combined. Services to residential aged care facilities will remain unchanged. These changes are set out in the table below:

Old items		New items	
Item number	Item name	Item number	Item name
5003	Home visit	5003	Home visit or consultation at an institution (other than a hospital or residential aged care facility)
5007	Consultation at an institution other than a hospital or residential aged care facility		
5023	Home visit	5023	Home visit or consultation at an institution (other than a hospital or residential aged care facility)
5026	Consultation at an institution other than a hospital or residential aged care facility		
5043	Home visit	5043	Home visit or consultation at an institution (other than a hospital or residential aged care facility)
5046	Consultation at an institution other than a hospital or residential aged care facility		
5063	Home visit	5063	Home visit or consultation at an institution (other than a hospital or residential aged care facility)
5064	Consultation at an institution other than a hospital or residential aged care facility		

* The derived fee is \$24.05 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for the respective in-surgery item plus \$1.80 per patient.

CONSOLIDATION OF URGENT AFTER HOURS ATTENDANCE ITEMS

The following changes will be made to the urgent after hours attendance items:

- items for urgent attendances at consulting rooms and urgent attendances out of consulting rooms, other than between 11pm and 7am, will be **combined and merged with the transitional hours item for urgent attendances after hours**; and
- urgent attendances at consulting rooms and urgent attendances out of consulting rooms, between 11pm and 7am, will be **combined into one item**.

The table below provides a summary of these changes:

Old items		New items	
Item number	Item name	Item number	Item name
1	Urgent attendance after hours at a place other than consulting rooms (other than an attendance between 11pm and 7am)	597	Urgent attendance – after hours (other than between 11pm and 7am)
2	Urgent attendance after hours at consulting rooms (other than an attendance between 11pm and 7am)		
603	Urgent attendance during transitional hours		
601	Urgent attendance after hours at a place other than consulting rooms (between 11pm and 7am)	599	Urgent attendance - unsociable hours (between 11pm and 7am)
602	Urgent attendance after hours at consulting rooms (between 11pm and 7 am)		

CHANGES TO AFTER HOURS ATTENDANCE ITEMS

Increasing the time period

Urgent after hours items will have a **new commencement time** of 6pm on weekdays and 12pm (noon) on Saturdays. Non-urgent after hours items provided out of consulting rooms will also commence at 6pm on weekdays and 12pm (noon) on Saturdays.

This effectively means that urgent attendances between 6-8pm weekdays and 12pm (noon) to 1pm on Saturdays (previously known as ‘transitional hours items’) will be absorbed into the urgent after hours attendance item.

The after hours period for non-urgent items provided at consulting rooms will remain unchanged and may only be provided after 8pm weekdays and from 1pm on Saturdays. The table below sets out the new time period for MBS after hours GP items.

Attendance period	Applicable time			Item number
	Monday to Friday*	Saturday*	Sunday and/or public holiday	
Urgent attendance – after hours	Between 7am - 8am and 6pm - 11pm	Between 7am - 8am and 12 noon - 11pm	Between 7am - 11pm	597
Urgent attendance - unsociable hours	Between 11pm - 7am	Between 11pm - 7am	Between 11pm - 7am	599
Non-urgent after hours at consulting rooms	Before 8am or after 8pm	Before 8am or after 1pm	All day	5000, 5020 5040, 5060
Non-urgent after hours at a place other than consulting rooms	Before 8am or after 6pm	Before 8am or after 12 noon	All day	5003, 5010, 5023, 5028 5043, 5049, 5063, 5067

* with the exception of public holidays

CHANGES TO PROLONGED ATTENDANCES (GROUP A5)

The prolonged attendance items will be amended to allow **one or more medical practitioners to each itemise for items 160-164 for simultaneous attendance** on one patient at risk of imminent death. Currently, only one practitioner can claim these items in respect of one patient.

In addition, the items may now be claimed even if the time spent by the practitioners providing emergency care is not continuous (on the one occasion).

CHANGES TO HEALTH ASSESSMENTS

The structure of health assessment items will be changed and Medicare fees will be rationalised. Ten health assessment items will be replaced by **four new time-based items**.

The following health assessments will be undertaken under four new items:

- a Healthy Kids Check;
- a 45-year old health assessment;
- a type 2 diabetes risk evaluation;
- an older persons health assessment;
- a comprehensive medical assessment for a permanent resident of an aged care facility;
- a health assessment for a person with an intellectual disability; and
- a health assessment for a person in Australia under the Government’s Humanitarian Program.

The four Aboriginal and Torres Strait Islander people's health assessment items will be collapsed into one health assessment item with no designated time or complexity requirements, with no distinction between an assessment provided in or out of consulting rooms. The length of the health assessment will be at the medical practitioner's discretion. The following health assessments will be undertaken under the new item:

- The Aboriginal and Torres Strait Islander child health assessment;
- The Aboriginal and Torres Strait Islander adult health assessment; and
- The Aboriginal and Torres Strait Islander older persons health assessment

The health assessment item for services provided by a practice nurse or registered Aboriginal health worker on behalf of a medical practitioner will move to a new group (M12), and as a consequence will have a new item number (10986).

The new fee structure is set out below:

New item numbers	New item names	New fee
701	Brief Health Assessment of less than 30 minutes duration	\$55.00
703	Standard Health Assessment lasting more than 30 minutes but less than 45 minutes	\$127.80
705	Long Health Assessment lasting more than 45 minutes but less than sixty minutes	\$176.30
707	Prolonged Health Assessment lasting more than 60 minutes	\$249.10
715	Aboriginal and Torres Strait Islander peoples health assessment	\$196.65
10986	Healthy Kids Check provided by a practice nurse or registered Aboriginal health worker	\$55.00

CHANGES TO CHRONIC DISEASE MANAGEMENT ITEMS

Group A15, Subgroup 1: GP Management Plans, Team Care Arrangements and Multidisciplinary Care Plans

Two Chronic Disease Management (CDM) items for the review of CDM plans (items 725 and 727) will be **combined into one new item number** (732) that can be used *either* to review a GP Management Plan (GPMP, item 721) *or* to coordinate a review of Team Care Arrangements (TCAs, item 723).

The old item numbers will be deleted. The new item will have the same requirements as the old items and the same fee.

The change is set out in the table below.

Old items		New item	
Item number	Item name	Item number	Item name
725	Review a GP Management Plan	732	Review a GP Management Plan <i>or</i> Coordinate a Review of Team Care Arrangements/ Multidisciplinary Community Care Plan/ Multidisciplinary Discharge Plan
<i>Fee: \$66.80</i>			
727	Coordinate a Review of Team Care Arrangements/ Multidisciplinary Community Care Plan/ Multidisciplinary Discharge Plan		
<i>Fee: \$66.80</i>			

CHANGES TO CHRONIC DISEASE MANAGEMENT ITEMS

Group A15, Subgroup 2: Case Conferences

The multidisciplinary case conference item structure will be streamlined. Eighteen GP multidisciplinary case conference items (734-779) will be combined into **six new items** (735, 739, 743, 747, 750 and 758) based on the duration of the service and on whether the practitioner is coordinating or participating in the case conference.

The old item numbers will be deleted. There will no longer be separate items according to the location of the service.

The **time periods will be adjusted** to more closely align with the time periods used for level B, C, and D normal consultation items.

The table below summarises the changes to the multidisciplinary case conference structure.

Old items		New items	
Item number and fee	Service time	Item number and new fee	Service time
<i>Organise and coordinate a GP Case Conference</i>			
734, 740, 746 <i>Fee: \$89.55</i>	At least 15 and less than 30 minutes	735 <i>Fee: \$65.40</i>	At least 15 minutes and less than 20 minutes
736, 742, 749 <i>Fee: \$134.35</i>	At least 30 and less than 45 minutes	739 <i>Fee: \$112.10</i>	At least 20 minutes and less than 40 minutes
738, 744, 757 <i>Fee: \$179.15</i>	At least 45 minutes	743 <i>Fee: \$186.85</i>	At least 40 minutes
<i>Participate in a GP Case Conference</i>			
759, 768, 775 <i>Fee: \$63.95</i>	At least 15 and less than 30 minutes	747 <i>Fee: \$48.10</i>	At least 15 minutes and less than 20 minutes
762, 771, 778 <i>Fee: \$102.35</i>	At least 30 and less than 45 minutes	750 <i>Fee: \$82.40</i>	At least 20 minutes and less than 40 minutes
765, 773, 779 <i>Fee: \$140.70</i>	At least 45 minutes	758 <i>Fee: \$137.35</i>	At least 40 minutes

QUICK REFERENCE GUIDE

The table below is a quick reference guide to item number changes.

Item name/category	Old item numbers	New item numbers
Other non-referred attendances out of consulting rooms - Brief	4, 13, 19	4
Other non-referred attendances out of consulting rooms - Standard	24, 25, 33	24
Other non-referred attendances out of consulting rooms - Long	37, 38, 40	37
Other non-referred attendances out of consulting rooms - Prolonged	47, 48, 50	47
Other non referred attendances urgent attendance - after hours	1, 2, 603	597
Other non referred attendances urgent attendance - unsociable hours	601, 602	599
Health assessments	700, 702, 709, 712, 713, 714, 716, 717, 718, 719	701, 703, 705, 707
Aboriginal and Torres Strait Islander people Health assessment	704, 706, 708, 710	715
Health assessment provided by a practice nurse or registered Aboriginal health worker	711	10986
Chronic Disease Management	725, 727	732
GP Multidisciplinary Case Conference	734-779	735, 739, 743, 747, 750, 758
Other non-referred non urgent after hours attendances	5003, 5007	5003
	5023, 5026	5023
	5043, 5046	5043
	5063, 5064	5063

EXPLANATORY NOTES

The Explanatory Notes for all items affected by the MBS Review changes have also been revised to provide supporting information. In addition, the detailed information on individual health assessments items previously available in the Explanatory Notes section will be removed from the Schedule and will be available on downloadable fact sheets on health assessment items.

NEED MORE INFORMATION?

More information about MBS item descriptors and explanatory notes will become available at www.health.gov.au/mbsonline and at www.health.gov.au/mbsprimarycareitems.