

The Changes to Medicare Primary Care Items

A FACT SHEET FOR OTHER MEDICAL PRACTITIONERS

This fact sheet sets out the changes to Medicare attendance items for non vocationally-recognised medical practitioners as a result of the Medicare Benefits Schedule (MBS) Review. These changes will be effective from **1 May 2010** and will have an impact on billing practices and include:

- Attendance items out of consulting rooms
- After hours attendance items
- Prolonged attendance items
- Health assessment items
- Chronic disease management items
- GP multidisciplinary case conference items

CHANGES TO ATTENDANCE ITEMS PROVIDED OUT OF CONSULTING ROOMS

Items for standard consultations and non urgent after hours services provided out of consulting rooms will be combined for home visits, hospitals and other institutions. Items for services to residential aged care facilities will remain unchanged. These changes are set out below.

Category	Old item numbers	Old item name	New item numbers	New item name
Non referred in hours attendances	58	Home visit	58	Home visit or consultation at an institution (other than a residential aged care facility)
	81	Consultation at an institution other than a hospital or residential aged care facility		
	87	Consultation at a hospital		
	59	Home visit	59	Home visit or consultation at an institution (other than a residential aged care facility)
	83	Consultation at an institution other than a hospital or residential aged care facility		
	89	Consultation at a hospital		
	60	Home visit	60	Home visit or consultation at an institution (other than a residential aged care facility)
	84	Consultation at an institution other than a hospital or residential aged care facility		
	90	Consultation at a hospital		
	65	Home visit	65	Home visit or consultation at an institution (other than a residential aged care facility)
	86	Consultation at an institution other than a hospital or residential aged care facility		
	91	Consultation at a hospital		

Items for non urgent after hours services provided out of consulting rooms will be combined with home visits and consultations at an institution. Items for services to residential aged care facilities will remain unchanged. These changes are set out below.

Category	Old item number	Old item name	New item number	New item name
After hours attendances	5220	Home visit	5220	Home visit or consultation at an institution (other than a hospital or residential aged care facility)
	5240	Consultation at an institution other than a hospital or residential aged care facility		
	5223	Home visit	5223	Home visit or consultation at an institution (other than a hospital or residential aged care facility)
	5243	Consultation at an institution other than a hospital or residential aged care facility		
	5227	Home visit	5027	Home visit or consultation at an institution (other than a hospital or residential aged care facility)
	5247	Consultation at an institution other than a hospital or residential aged care facility		
	5228	Home visit	5228	Home visit or consultation at an institution (other than a hospital or residential aged care facility)
	5248	Consultation at an institution other than a hospital or residential aged care facility		

CONSOLIDATION OF 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 item number	Old item name	New item number	New item name
97	Urgent attendance after hours at a place other than consulting rooms (other than between 11pm and 7am)	598	Urgent attendance – after hours (other than between 11pm and 7am)
98	Urgent attendance after hours at consulting rooms (other than between 11pm and 7am)		
696	Urgent attendance during transitional hours		
697	Urgent attendance after hours at a place other than consulting rooms (between 11pm and 7am)	600	Urgent attendance – unsociable hours (between 11pm and 7am)
698	Urgent attendance after hours at consulting rooms (between 11pm and 7am)		

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 the MBS after hours OMPs items.

<i>Attendance period</i>	<i>Applicable time</i>			<i>Item numbers</i>
	<i>Monday to Friday*</i>	<i>Saturday*</i>	<i>Sunday and/or public holiday</i>	
Urgent attendance – after hours	Between 7am - 8am and 6pm - 11pm	Between 7am - 8am and 12 noon - 11pm	Between 7am - 11pm	598
Urgent attendance - unsociable hours	Between 11pm - 7am	Between 11pm - 7am	Between 11pm - 7am	600
Non-urgent after hours at consulting rooms	Before 8am or after 8pm	Before 8am or after 1pm	All day	5200, 5203, 5207, 5208
Non-urgent after hours at a place other than consulting rooms	Before 8am or after 6pm	Before 8am or after 12 noon	All day	5220 - 5267

* 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 will be able to be claimed even if the time spent by the practitioner/s providing emergency care is not continuous (on the one occasion).

CHANGES TO PUBLIC HEALTH PHYSICIAN ATTENDANCES (GROUP A13)

There will be changes to the item descriptors for items 410-417 in line with the changes to the item descriptors for GP general attendance items.

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

Item Number	Old fee	New fee
412	\$76.65	\$78.10
413	\$112.90	\$115.05

CHANGES TO HEALTH ASSESSMENTS (GROUP A14)

The structure of health assessment items will be changed and fees will be rationalised. Ten health assessments 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 refugee or humanitarian entrant.

In addition, the four Aboriginal and Torres Strait Islander people's health assessment items will be **collapsed into one 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 be moved to a new group (M12) and as a consequence will have a new item number (10986).

The new fee structure is set out in the table below.

New item number	New item name	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 Island 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 (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 fee will remain unchanged.

The change is set out in the table below.

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

CHANGES TO CHRONIC DISEASE MANAGEMENT ITEMS

Group A15, Subgroup 2: Case Conferences

The multidisciplinary case conference structure will be streamlined. Eighteen GP multidisciplinary case conference items (734-779) will be combined into **six new items** (735, 739, 743, 747, 750, 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 and 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 that apply to OMPs.

Item name/category	Old item numbers	New item numbers
Other non-referred attendances out of consulting rooms - Brief	58, 81, 87	58
Other non-referred attendances out of consulting rooms - Standard	59, 83, 89	59
Other non-referred attendances out of consulting rooms - Long	60, 84, 90	60
Other non-referred attendances out of consulting rooms - Prolonged	65, 86, 91	65
Other non referred attendances urgent attendance - after hours	97, 98, 696	598
Other non referred attendances urgent attendance - unsociable hours	697, 698	600
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	5220, 5240	5220
	5223, 5243	5223
	5227, 5247	5227
	5228, 5248	5228

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 be made available at www.health.gov.au/mbsonline and at www.health.gov.au/mbsprimarycareitems.