

National Centre for Classification in
Health



PROFESSIONAL RELATIVITIES STUDY

RESOURCE MATERIAL K

**Consensus Group on Procedure Items (CGPI):
background documentation**

*Background documentation and instructions provided to
the Consensus Groups to assist with their tasks to review
and confirm rankings and ratings for MBS items*

prepared for

Medicare Schedule Review Board
December 2000

Professional Relativities Study

**Consensus Group on
Procedural Items**

Background Documentation

October 1998

National Centre For Classification In Health

Professional Relativities Study (PRS)
Consensus Group on Procedural Items (CGPI)
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1. Overview of PRS

- 1.1 Introduction
- 1.2 Methodology
- 1.3 Study Phases
- 1.4 PRS Project Management and Committee Roles
- 1.5 Process of Selecting MBS Procedural Items
- 1.6 Background to the development of the New Attendance Items

Section 1 Attachments

1.1 INTRODUCTION

The Professional Relativities Study (PRS) is being conducted by the National Centre for Classification in Health (NCCH) for the Medicare Schedule Review Board (MSRB). The PRS is one of three projects being conducted under the direction of the MSRB and the Medicare Schedule Review Task Force (MSRTF). The other two projects, Remuneration Rates Study and the Practice Costs Study, are being undertaken as separate consultancies. An overview of the projects and terms of reference for the Remuneration Rates and Practice Cost Studies are provided as *Attachments 1a and 1b*.

The PRS definitive study follows on from a feasibility study carried out in 1996 and early 1997 by the NCCH for the MSRB to examine the potential for mapping the professional components of services described in overseas schedules with the Medicare Benefits Schedule (MBS).

The overall aim of testing the mapping between the MBS and CPT was to see if the resource based relative value units developed in the United States during the 1980s and applied to the American Medical Association's Current Procedural Terminology (CPT) could be applied to mapped MBS items.

Only the Therapeutic Procedures in Category 3 of MBS were in scope for the feasibility study. That study demonstrated that it is possible to map between MBS and CPT and to gain consensus from expert clinicians on relative intraservice work (time and intensity) for items in the MBS. However, the maps are not sufficiently robust on their own to determine the relative values of the mapped MBS items.

The PRS requires Australian clinician input to develop Resource Based Relative Values for all specialties. Data to be used includes clinicians estimates of time and ratings of intensity and maps between MBS and CPT. The relative value units determined for core items will be used to establish relative values for all items within a specialty and to establish link items between specialties. The study covers over 34 specialties (*see Attachment 2a*) and the following categories within the MBS:

- Category 1 - Professional Attendances
- Category 2 - Diagnostic Procedures and Investigations
- Category 3 - Therapeutic Procedures
- Category 4 - Oral and Maxillofacial Services

The study requires a complex organisational effort to bring together specialty groups of clinicians and technical advisers in a series of meetings which are interrelated and which will result in advice and reporting to the MSRB at regular intervals. The roles of the clinical groups involved in the study are presented in section 1.4 (*PRS Project Management and Committee Roles*).

A list of the Clinician Consultant Groups and Consensus Groups are shown in *Attachments 2a and 2b*. The specific roles of the Consensus Groups are presented on the following page.

1.1.1 Consensus Group involvement

The purpose of Consensus Group involvement in the Professional Relativities Study (PRS) is the **determination** of Relative Value Units (RVUs) for all MBS items according to specialty groups. The process will involve a preliminary review of all items by Clinician Consultants to advise on ratings and ranking's, with the final confirmation of RVUs taking place with the Advisory Panel on Professional Relativities in Medical Services (APPRMS) (*see Section 1.4 Committee Roles*).

Consensus Group involvement in the Study is as follows;

- confirm the rankings, time estimates and intensity ratings undertaken by Clinician Consultants,
- provide feedback to the NCCH (*and the Clinician Consultant*) on rankings, time estimates and intensity ratings,
- confirm core and link items selected,
- check maps between MBS and CPT for core items,
- review attendance items an incorporate into procedural items rankings,
- undertake ratings of intensity for attendance items,
- estimate time and rate intensity of items not already reviewed,
- draft **core** item MBS Relative Value Units (using CPT RVUs) and subsequently determine RVUs for **all** MBS items
- make recommendations to the APPRMS on RVUs

1.1.2 Selection of Consensus Groups on Procedural Items

All specialty groups undertaking procedural work have been asked to nominate members to participate in consensus groups on procedural items (CGPIs). Generally, CGPIs cover single specialty groups but some amalgamation will be necessary in order to ensure that groups with small numbers of procedures are viable (ie to ensure that RVU development is statistically meaningful for the specialty)(refer also to section 1.5 *Process for selecting MBS Procedural items*).

CGPIs will comprise up to four representatives of each specialty nominated by Colleges and Societies. Meetings will be facilitated by the NCCH and will be attended by the Clinician Consultants and a Medicare Schedule Review Task Force representative.

1.1.3 Consensus Group on Attendance items

A single Consensus Group on Attendance Items (CGAI) has been formed with broader representation across major professional categories to review consultation/attendance items. This group will meet twice (*Note: there will be no Clinician Consultant group on attendance items formed*). The PRTC recommended that the first meeting of the CGAI will be held prior to the procedural clinical meetings so that attendance items can be incorporated into the rankings and ratings of each specialty's procedural items.

The MBS attendance items have been revised by the Medicare Schedule Review Board into a draft core structure for consultations/attendances. The draft core structure will form the basis for developing RVUs for a selected group of consultations/attendances as part of the PRS process.

1.2 METHODOLOGY

The ultimate outcome of the PRS project is a set of work related Relative Value Units (RVUs) for each item in Categories 1-4 of the MBS. These RVUs will be formula based to:

- (a) make explicit the basis for the Resource Based Relative Value Scale (RBRVS)
- (b) maximise acceptance by the medical community, and
- (c) facilitate future updates

The methodology is outlined by the following stages. *See also Attachment 3:*

- | | |
|--|------------------------|
| 1. Establish rules and regulations for study | PRTC |
| 2. Map MBS/CPT items | NCCH |
| 3. Sort MBS items by specialty for RVU development | NCCH |
| 4. Rank items based on total work value, estimate times and rate intensities for selected items. Refer to Consensus Groups for review. | CCs/CGs |
| 5. Regress rankings against times and intensity ratings to develop formula. Estimate efficacy of formula and its consistency with rankings | NCCH
(Statistician) |
| 6. Choose core and link items based on MBS item ranks, good maps, and frequencies. Refer to CGs | NCCH/
CCs/ CGs |
| 7. Draft RVUs for core items based on the US RVUs from good maps and information on times and intensity ratings | CCs |
| 8. Complete estimates of times and ratings of intensity | CCs |
| 9. Project core RVUs to remaining items using rankings | NCCH
(Statistician) |
| 10. Re-evaluate formula and test application to RVUs for all items | NCCH
(Statistician) |
| 11. Determine RVUs and link items | CGs |

The study stages are discussed in more detail on the next page.

1. Establish rules and regulations for study (PRTC)

The PRTC is responsible for recommending definitions, rules and criteria for application throughout the study.

2. Map MBS/CPT items (NCCH)

The MBS items are being mapped to CPT codes in order to inform about appropriate CPT RVUs for use in the Study. Mapping is being undertaken from MBS items to CPT codes (forward maps) and from CPT codes to MBS items (backward maps). The 'good' maps will be used as a major criterion for the selection of core items for which RVUs will be developed. "Good" maps will be determined from the map ratio and rating and consistency of terminology of MBS items and CPT codes.

3. Sort MBS items by Specialty for RVU development (NCCH)

It is important to the outcome of the project that item numbers are categorised according to the Speciality in which clinicians provide their services. Information received from the Medicare Benefits Branch (ie frequencies of services provided by MBS item numbers for Specialty groups) will be analysed in order to categorise each item to a specialty. Where MBS items are performed by several specialists they will be reviewed by those Specialty groups which provide the highest proportions of services; preferably a maximum of two specialty groups per item. A list of Specialty Groups approved by the MSRB is provided in *Attachment 2*.

4. Rank items based on total work value, confirm time estimates and rate intensities for selected items (Clinician Consultants). Refer to Consensus Groups for review

In order to choose core items, test the validity of a formula and ensure the ability to replicate RVUs for MBS items, it is necessary to rank the items within each Specialty (total N) in terms of the **total work value**. Ranking is necessary to enable the relative value determinations for the core items to be projected to the remaining items and will serve as the focal point in the development of the formula. Ranking means the ordering of items from 1-N where 1 is the item of most value to the specialty and N is the least. Where items are of equal value, these can be ranked together.

5. Regress rankings against times and intensity ratings. Estimate efficacy of formula and consistency with rankings (NCCH Statistician)

Regression analysis will be used to explain the ranking of total work value in terms of times and intensity. This will have two purposes:

- a) to test possible formulae
- b) to provide feedback to the CCs about their rankings and ratings

6. Choose core/link items based on MBS item ranks, good maps, and frequencies (NCCH/Clinician Consultants). Refer to Consensus Groups.

Core item selection will be based on the rankings provided by the CCs, the 'good' maps and frequency data. Both core and link items should ideally be high frequency items which have good maps and are evenly distributed throughout the rankings.

7. Draft RVUs for core items based on the US RVUs and the time and intensity ratings data (CCs/CGs)

RVUs for CPT items for good quality MBS maps will be provided to the CCs/CGs to review, using time estimates, intensity ratings and other information. Note that while the ranking of items and the estimation of times and the ratings of effort, skill and stress are significant data for the estimation of a formula, **they do not link this formula to relative value**. This step is accomplished by the RVU estimation for the core items. In this light the estimation of RVUs for the core items can be viewed as a calibration.

8. Complete estimation of times and ratings of intensity (CCs/CGs)

This work needs to be completed for validation of extrapolation/interpolation and ultimately so that all relative values can be formula based so that the final outcome of the project is based on a credible and defensible methodology. The attendance items will be ranked and rated with procedural items at this stage.

9. Project core RVUs to remaining items using rankings (NCCH Statistician)

This will initially be accomplished via interpolation using the rankings and later revised on the basis of time estimates and ratings of intensity.

10. Re-evaluate formula and test application to RVUs for all items (NCCH Statistician)

The regression analysis of step 5. will be repeated using the full data and interpolation of non core RVUs refined accordingly.

11. Determine RVUs and link items (Consensus Group)

To assist them in their decisions, the CGs will be provided with ordered lists of all items within each specialty. These will contain the draft times, intensity ratings, RVUs and a comparison of the RVUs with the rankings previously provided by CCs.

1.3 STUDY PHASES

The methodology has been presented in terms of the study phases in Table 3 below. At the end of each phase, results will be reported to the MSRB so that subsequent phases can be redirected if necessary. *See Attachment 4.*

TABLE 3
PRS Study Phases

PHASE 1

Step 1	PRTC	Recommend definitions, rules and criteria for application throughout study
Step 2	NCCH	Map all items in MBS Categories 2 - 4 (as of May 1997 - undertaken concurrently with steps 1-5) Evaluate quality of maps using criteria established by PRTC.
Step 3	NCCH	Sort all MBS items (Categories 2-4) into specialty groups - separating attendance items from diagnostic and procedural items.
Step 4	CCs	<ul style="list-style-type: none"> • confirm MBS procedural items selected by the NCCH for study within each specialty group • rank all MBS procedural items within their specialty in terms of total work and in accordance with criteria set by the PRTC (the NCCH will have pre-sorted items in terms of anaesthetic times or proxy time to assist with this process) • estimate pre, intra and post times and rate effort, skill and stress for at least 20% of items <i>Note:</i> this work would be undertaken by correspondence • CGs to review rankings and ratings
	CGs	
Step 5	NCCH (Statistician)	Develop preliminary formula on the basis of the information assembled through step 4.
Step 6	PRTC	Present results of formula testing, and mapping to second meeting of PRTC.
Step 7	APPRMS	Provide information to Advisory Panel on Professional Relativities for Medical Services (APPRMS) on definitions, rules and criteria
Deliverables	NCCH	First Interim Report to MSRB - Board to approve definitions, rules and criteria.

PHASE 2

Step 8	NCCH	Assemble additional data including frequencies for CPT mapped items, actual theatre times from hospital operating theatre systems, information from Department of Health and Family Services operating theatre service weight study, anaesthesia times for MBS items and MBS relativities using existing fees.
Step 9	CG	CG on attendance items to hold first meeting (<i>Note: brought forward to Phase 1</i>)
Step 10	CCs/NCCH	<ul style="list-style-type: none"> • Check query maps • Draft core and link items (for each specialty covering a representative range of activities based on quality maps with CPT, ratings of MBS items, volume, the cost of services and attendance items).
	CGs	<ul style="list-style-type: none"> • CGs to review core item selection
Step 11	CCs/CGs NCCH	<p>Meet with CCs/CGs to draft RVUs for MBS core items and to complete the estimation of pre, intra and post times and the rating of effort, skill and stress for procedural items. Rank and rate attendance items.</p> <p>The CCs will:</p> <ul style="list-style-type: none"> • check query maps • check maps of all core items • review attendance items and incorporate into procedural item rankings • undertake ratings of intensity of attendance items • confirm estimates of time and ratings of intensity for procedural items • estimate time and rate intensity of items not already reviewed • confirm core and link items on which inter and intra professional relativities will be established • develop RVUs for core items (based on CPT RVUs) • make recommendations to the Consensus Groups regarding the above.
Step 12	NCCH (Statistician)	<p>Project core RVUs to remaining items using rankings.</p> <p>Re-evaluate formula and test application to RVUs.</p>

PHASE 2
(Cont.)

Step 13	NCCH	Distribute and present results of CC core RVUs to Consensus Groups (CGs) for determination of RVUs (all steps in the development of the RVUs by CCs will be presented).
Step 14	CGs	Meet for a second time to determine RVUs and link items.
Step 15	CGs	Meet with CG for attendance items for a second time to determine attendance item RVUs and provide those RVUs to MSRB for consideration with relativities of therapeutic items.
Deliverables	NCCH	Second Interim Report to MSRB - Board to approve work to date
PHASE 3		
Step 16	NCCH	Revise RVUs based on CG recommendations.
Step 17	APPRMS	Meet with APPRMS to advise members of outcome of CG meetings, review and confirm RVUs for core, non core and link items.
Deliverables	NCCH	Third Interim Report to MSRB - Board to approve work to date.
PHASE 4		
Step 18	NCCH	Assemble results and prepare final report
Deliverables	NCCH	Final Report to MSRB

1.4 PRS PROJECT MANAGEMENT AND COMMITTEE ROLES

The following table sets out the Project Management Team and roles of Clinical Groups for the Professional Relativities Study. The roles of the clinician groups have also been presented in graphic form as *Attachment 5*.

Title	Members	Role
1. Project Management		
MSRB Medicare Schedule Review Board	DHSF: Dr Louise Morauta (Chairperson) Ms Gail Batman Dr Bill Coote Mr Terry Slater AMA: Dr Stephen Clarke Dr Bill Coote Dr Geoffrey Metz Dr Col Owen	Responsible for directing the Professional Relativities Study.
MSRTF Medicare Schedule Review Task Force	Mr Col Bailey Mr John Popplewell Mr David Reddy	Responsible for the management of the Professional Relativities Study
NCCH National Centre for Classification in Health		The NCCH is responsible for the day to day project management.
Director	A/Prof Rosemary Roberts	Attend meetings with MSRTF and MSRB. Assist with preparation of reports to MSRB. Liaise with members of MSRTF.
Project Manager	Ms Lauren Jones	Oversee the day to day management of the project for the NCCH. Become familiar with criteria, rules and definitions for development of RVUs. Communicate with MSRTF concerning organisation of meetings, preparation of data and reports to project groups and MSRTF. Supervise NCCH project officers. Ensure time lines are followed. Prepare interim and final reports for MSRB. Manage NCCH project budget. Attend meetings of PRTC, APPRMS, CCs and CGs when possible.

Title	Members	Role
1. Project Management		
Meeting Facilitators	Ms Kay Bonello Ms Kerry Innes Ms Lauren Jones A/Prof Rosemary Roberts Ms Sue Walker	Become familiar with criteria, rules and definitions for development of RVUs. Assist in preparation of material for CG meetings. Run CG meetings. Assist in preparation of reports from CG meetings.
Project Officers	Ms Andrea Groom Ms Paula Hallang Ms Jennifer Shephard Ms Joy Smith	Become familiar with criteria, rules and definitions for development of RVUs. Carry out mappings between MBS and CPT. Retrieve and assemble data on actual theatre times for Australian procedures, MBS relativities, CPT mapped item relativities and frequencies, anaesthesia times (in conjunction with MSRTF). Attend meetings of CCs. Keep minutes and prepare reports of meetings.
Statistician OR Systems Pty Ltd	Mr George Rennie	Play a major role in PRS in assisting with decisions on: definition of time - total service time, intra, pre and post, definition of direct/indirect time & effect on MBS relativities, effect of using existing MBS item relativities for RVUs, formula for calculating time and intensity to establish RVUs, methods for RVUs for consults, therapeutic and anaesthesia items, criteria for choosing core and link items, method for translating RVUs from core to remaining items, criteria for accepting a good map. Supervise database manager. Attend meetings of PRTC, APPRMS. Liaise with NCCH and MSRTF.
Database Manager OR Systems Pty Ltd	Mr Andrew Brion	Prepare and maintain mapping data bases and reports. Prepare data bases with additional data on theatre & anaesthesia times, frequencies, MBS relativities. Enter results from CC and CG meetings on time and intensity estimates. Establish e-mail links with other project staff.
Administrative Assistant	Ms Linda Maleszka	Arrange meetings, travel. Disseminate material to meeting participants. Prepare reports. Liaise with interstate staff. Prepare and maintain data bases of group membership, contact addresses, phones, faxes, email. Liaise with MSRTF re meeting organisation.

Title	Members	Role
2. Committees		
PRTC Professional Relativities Technical Committee	7 Clinicians: 1 GP rural 1 GP metropolitan 1 General Surgeon 1 Specialist Surgeon 1 General Physician or Paediatrician 1 Specialist Physician 1 Anaesthetist NCCH Director NCCH Project Manager Statistician Meeting Facilitators (5) MSRTF (3) MSRB (1)	Recommend definition of time - total service time, intra, pre and post. Recommend effect of using existing MBS item relativities for RVUs. Recommend formula for calculating time and intensity to establish RVUs. Recommend methods for RVUs for consults, therapeutic & anaesthesia items. Recommend criteria for choosing core & link items. Recommend method for translating RVUs from core to remaining items. Recommend criteria for accepting a good map.
APPRMS Advisory Panel on Professional Relativities in Medical Services	Clinicians from specialty craft groups NCCH Director NCCH Project Manager Statistician MSRTF (3) MSRB members	Note and comment on PRTC rules, definitions, criteria, formulae. Confirm RVUs for core and remaining items from CCs and CGs. Confirm link items. Provide communication to and from craft groups.

Title	Members	Role
2. Committees		
CGs Consensus Groups	<p>Consensus Groups on Procedural Items:</p> <p>Up to 4 representatives of each specialty nominated by Colleges & Societies Clinician Consultants NCCH Meeting Facilitator NCCH Project Officer 1 MSRTF representative</p> <p>Consensus Group on Attendance Items: 2 General Practitioners General Surgeon Specialist Surgeon General Physician or Paediatrician Specialist Physician (Cardiologist or GE) NCCH Meeting Facilitator NCCH Project Officer 1 MSRTF Representative</p>	Agree RVUs for core items and confirm link items

1.5 PROCESS OF SELECTING MBS PROCEDURAL ITEMS

Data from the Medical Benefits Branch of the Department of Health and Family Services were used to determine the frequencies for providers of each item. MBS items were allocated to specialties based on criteria recommended by the PRTC. The principle of using MBS data is to ensure that specialist providers of items are involved in the development of RVUs. Reliance on the MBS classification only would limit the allocation of items to some speciality groups.

Statistical Criteria

Using 1996/97 claims data, MBS Items in Categories 2-4 were initially allocated to Specialties for ranking and for the estimation of times and intensities based on the following statistical criteria:

- Criteria 1** Provided the specialty had performed a sufficient number of services (>3 and >12.5% of the total services), MBS items were first allocated to the specialty which provided most services for the item in proportion to the total number of services provided by that specialty.
- Criteria 2** Items were allocated to a second specialty if the item constituted more than 0.1% of the specialty's workload, the specialty provided more than 25% of the total services for the item, no other eligible specialty provided more services and the item had not already been allocated to the specialty under Criteria 1.
- Criteria 3** Items were also allocated if the specialty performed the second most services (these being >3, >12.5% of total services and >0.1% of the services provided by the specialty) for the item in proportion to the total number of services provided by the specialty, and the item was not already allocated under Criteria 2.

Additional Criteria Applied

- ? For 487 items, there were insufficient claims data to make an initial allocation according to these three rules. These items were allocated manually to a single specialty on the basis of the location in the schedule, in accordance with the allocation of similar items or using the exception report.
- ? An exception report of major providers who missed out on allocation was produced and reviewed and submitted to the Task Force. This report was used to manually allocate items to major providers if the major provider:
- ✍ provided ?50% of the item
 - ✍ provided <50% of the item and the item was in the appropriate section of the schedule or relevant to the providers specialty.

Where specialty groups were to be combined for CG and CC meetings (see explanation over page) a selection of MBS items were manually allocated to each of the specialties in the combined groups to serve as link items.

Where groups have discrepancies over including/not including items in their Specialty area, these will be revised by the NCCH and redistributed by way of the CC/CG meetings.

Specialty Groups for Consensus Groups and Clinician Consultants Meetings

After analysis of MBS data and allocation of MBS items, it was found that some specialty groups would not be viable on their own in terms of the number of procedural items for RVU development. It is important to the outcome of the PRS that all specialty craft groups are involved throughout the process of RVU development. Therefore, in order to make these groups viable (ie to ensure that RVU development is statistically meaningful for the specialty), the following consolidation is recommended for the **Consensus Groups and Clinician Consultant meetings**

Combined Group	Specialities
Group 1	Clinical Haematology Medical Oncology
Group 2	General Medicine, Endocrinology, Geriatrics Infectious Diseases, Rehabilitation Medicine, Rheumatology, Nuclear Medicine, Immunology
Group 3	Obstetrics and Gynaecology IVF
Group 4	Paediatric medicine Thoracic medicine
Group 5	Cardiology Renal Medicine Intensive Care

(Please note that the final allocation of items has been made on this basis)

The above group combinations have been selected on the basis that they have some high frequency MBS items in common. This does not negate the importance of each specialty craft group being fully represented for the PRS, but ensures that groups with small numbers of procedural items are viable in terms of the study processes.

All Clinician Consultant Groups will initially rank and rate items as allocated (refer *Attachment 6*). The above combinations are only recommended for CG and CC meetings.

1.6 BACKGROUND TO THE DEVELOPMENT OF THE NEW ATTENDANCE ITEMS BY THE MSRB

In this section the following information has been presented to provide a brief background to the development of the New Attendance Items.

- ⇒ Letter from the MSRB on the New Draft Revised Consultation/Attendance Item Structure for the Medicare Benefits Schedule (*This letter was distributed to the professional Colleges, Societies, Associations and other interested parties*).
- ⇒ Principles and Draft Core Item Structure (Referred to as Attachment A in Letter)
- ⇒ Statement by the Medicare Schedule Review Board on the New Draft Revised Consultation/Attendance item Structure (Referred to as Attachment B in Letter)

The core item structure (*see Attachment 7*) forms the basis of the attendance items drafted by the NCCH and the Medicare Review Task Force for the PRS study. Using the modifiers recommended by the MSRB, the MSRTF and NCCH have derived proxy items for the purpose of developing RVUs. These items are presented in *Attachment 8*)

**1.6.1 LETTER FROM MSRB - NEW DRAFT REVISED
CONSULTATION/ATTENDANCE ITEM STRUCTURE FOR THE MEDICARE
BENEFITS SCHEDULE**

(Provided by the MSRTF for CGAI papers)

11 August 1997

Dear

Over the past eighteen months, the Medicare Schedule Review Board has been reviewing the structure of consultation/attendance items in the Medicare Benefits Schedule [MBS], as the first stage of a Relative Value Study [RVS] of the Schedule.

The Board has consulted widely with the profession both through formal committee structures and more widely through correspondence with some 70 professional organisations, and has received valuable and constructive input. While it was inevitable that there would be a diversity of views in relation to the detailed construction of new item descriptors, there is broad consensus across the profession that the revised descriptors should include a combination of 'content' and 'time'. The Board has given detailed consideration to those views, and at its meeting on 6 August 1997 agreed on a draft revised structure for consultation/attendance items in the Schedule. A copy of the draft structure is at Attachment A. A statement from the Board which might assist you in informing your members of this decision is at Attachment B.

The Board believes that the 'content' component of the item descriptors previously circulated adequately describes the range of key professional activities which satisfy the minimum criteria for each item.

Taking into account all of the advice provided by professional organisations, the Board has agreed that 'time' will be expressed as 'approximate time' for each time reference within the structure, eg. a consultation of approximately 15 minutes duration....

In other words, the revised draft structure combines the content of each level of service expressed in terms of the key activities undertaken by doctors at those levels, supported by the approximate time that each level of service would ordinarily take.

The maintenance of accurate contemporaneous clinical records is an essential component of high standard medical care. The nature and content of records will form the basis of the processes by which a Professional Services Review Committee will determine whether attendances and consultations have been itemised correctly. A Rule of Interpretation to the Regulations to the Health Insurance Act [see Principle 2 on the final page of the draft structure at Attachment A] will specify the components of a consultation that should be recorded to allow such verification.

In reaching its position, the Board was mindful of the need to develop a structure which gave guidance to the doctor concerning appropriate itemisation of a consultation/attendance under Medicare, which assisted patient understanding of the nature of the service provided, and which provided an appropriate level of accountability in relation to the payment of Medicare benefits.

As mentioned, attached for the information of your members is a copy of the draft core structure agreed by the Board relating to office based consultations. You will note that modifiers/loadings to apply to the structure will be addressed in the second stage of the Study. The final decision regarding the structure and its implementation will be made by the Minister for Health and Family Services.

The Board is appreciative of the time and effort which representatives of many organisations have put into this initial phase of the Study, and looks forward to your organisation's continued participation during the remainder of the RVS.

Yours sincerely

Dr Louise Morauta
Department of Health and Family Services
Chair

Dr Bill Coote
Australian Medical Association
Member

1.6.2 ATTACHMENT A - DRAFT REVISED STRUCTURE FOR CONSULTATION / ATTENDANCE ITEMS IN THE MBS**Principles:**

1. The standard for record keeping is a clinical one based on clinical grounds - each patient's medical record should contain sufficient accurate information about each encounter to allow another doctor to carry on the management of that patient.
2. The attending doctor should keep legible, accurate, and contemporaneous patient records which substantiate the professional service and which report:
 - . clinical and other findings;
 - . clinical or other decisions made;
 - . advice given or recommendations made; andrecord any drugs or other treatments prescribed, together with any referrals to another doctor or health care professional.
3. The duration of a consultation means the time spent with the patient on a one to one direct face to face basis.
4. A new patient is:
 - (a) a non referred patient who has not presented to that doctor or same group of doctors (to be defined) or at the same practice location in the last 6 months with substantially the same conditions or problems; or
 - (b) a referred patient who with a new referral presents with one or more substantially new conditions or problems; or
 - (c) a patient seen by an anaesthetist for the first time immediately prior to a procedure or administration of an anaesthetic.

Footnotes:

1. Loadings or other modifiers that might be expected to apply across the structure (including for variations in indirect time, variable remuneration rates for complexity - such as for new patients and different practice costs etc.) will be addressed in Stage 2 of the RVS. Other modifiers, eg. for emergency services, and for location of service (other than rooms), will also be addressed in Stage 2.
2. In addition to clinical records, other practice records (eg. appointment books) should allow for the verification of the overall practice hours spent by the doctor, items claimed and number of patients seen during those practice hours. As is currently the case, the emphasis on any monitoring and review will be in respect of the overall pattern of practice.

1.6.3 ATTACHMENT B - STATEMENT BY THE MEDICARE SCHEDULE REVIEW BOARD ON THE NEW DRAFT REVISED CONSULTATION/ATTENDANCE ITEM STRUCTURE

The Medicare Schedule Review Board has agreed on a draft revised structure for consultation/attendance items in the Medicare Benefits Schedule [MBS].

The Board took this decision at a meeting on 6 August 1997 - the decision follows an extensive process of consultation within the medical profession which included the establishment of clinical reference panels for both non referred and referred consultations, and during which some 70 medical organisations were invited to comment on a number of optional structures which evolved during the process. The final decision regarding the structure will be made by the Minister for Health and Family Services, Dr Michael Wooldridge.

The new structure combines the content of each level of service expressed in terms of the key activities undertaken by doctors at those levels, supported by the approximate time that each level of service would ordinarily take. The maintenance of comprehensive and contemporaneous clinical records is essential to the structure. These records should substantiate the nature and content of the service. The introduction of this requirement will not change the situation regarding confidentiality of such records through existing legal structures.

In stressing the importance of the clinical record requirement in relation to the new draft structure, the Board noted that clinical records had always been an important component of medical practice, as confirmed in the principles outlined in the AMA code of ethics [code 1.1.4]. Furthermore, the Board stressed that the standard for record keeping is a clinical and not a legal standard. Quality clinical records are important in providing an historical record of treatment for the doctor currently treating the patient, and as the basis for continuity of care should the patient change doctors for any reason.

In reaching its position, the Board was mindful of the need to develop a structure which gave guidance to the doctor concerning appropriate itemisation of a consultation/attendance under Medicare, which assisted the understanding of the patient in relation to the nature of the service which had been provided, and which provided an appropriate level of accountability in relation to the payment of Medicare Benefits.

The Board also noted that the revised draft structure would also support and strengthen the Professional Services Review process in its endeavours to identify and minimise inappropriate patterns of service. As is currently the case, the emphasis on any monitoring and review will be in respect of the overall pattern of practice.

Although the Board views the draft structure as clear in its intent, consideration will be given to developing examples or guidelines which could further clarify the boundaries of each item of service, perhaps for inclusion in the Notes for Guidance of Practitioners in the MBS.

An example of a consultation of approximately 10 minutes follows. The full draft structure will be forwarded to all medical organisations in the next week.

EXAMPLE

Consultation of approximately 10 minutes duration, where the clinical record demonstrates that more than one of the following professional work activities were rendered:

- . taking a problem focused history;
- . a problem focused physical examination;
- . a decision on a course of treatment, including the need for a procedure and the risks thereof, for a condition of low complexity and/or formulation and communication of a management plan;
- . a review of effectiveness of existing treatment;
- . lifestyle or other counselling of a specific nature;
- . decision on and ordering of diagnostic tests or specialist referral;

or

a consultation of approximately 10 minutes duration with a new patient immediately prior to a procedure where the clinical records demonstrate that an assessment of the patient's fitness to undertake the procedure or associated anaesthesia and/or an outline of the risks associated with the procedure and/or associated anaesthesia have been undertaken.

Clinical Record Requirement:

The standard for record keeping is a clinical one based on clinical grounds - each patient's medical record should contain sufficient accurate information about each encounter to allow another doctor to carry on the management of that patient.

Because the focus of the item descriptors is to be on content supported by the approximate time as a guide, the attending doctor should keep legible, accurate, and contemporaneous patient records which substantiate the professional service and which report:

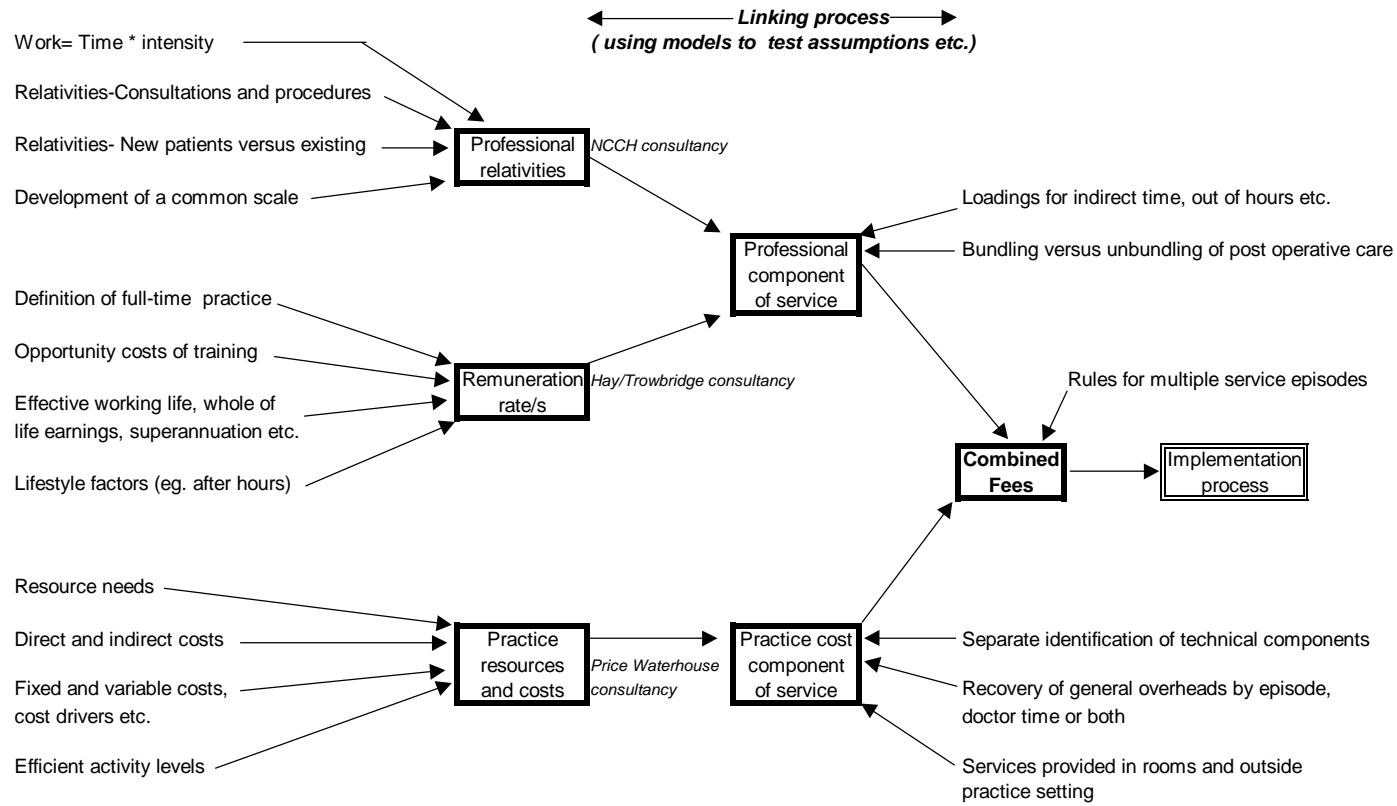
- . clinical and other findings;
- . clinical or other decisions made;
- . advice given or recommendations made; and

and record any drugs or other treatments prescribed, together with any referrals to another doctor or health care professional.

Attachments

- 1a Overview of RVU Projects (MSRB)
- 1b Terms of Reference
 - Remuneration Rates Study
 - Practice Costs Study
- 2a. Clinician Consultant Groups
- 2b Consensus Groups
- 3 PRS Methodology
- 4 PRS Outline of Processes
- 5 PRS Clinical Groups
- 6 Allocation of MBS Procedural Items
- 7 New Attendance Item Structure
- 8 PRS Proxy Attendance Items

Overview of RVU Projects (MSRB)



TERMS OF REFERENCE

1. Remuneration Rates Study

Under the direction of the Medicare Schedule Review Task Force and within the context of a cost or resource (non market) based approach for setting fees for medical services covered by the General Medical Services Table of the Medicare Benefits Schedule the consultants shall:

- a) identify the factors that are considered relevant in establishing “benchmark” and differential net earning rates for representative classes of doctors providing private medical services in Australia. Relevant factors may include issues such as income foregone in obtaining the requisite skills and experience, duration of professional working life, disruption to family life etc;
- b) provide comparisons of the net earning rates and hours of work of representative classes of doctors in the public and private sectors in Australia having regard to superannuation and other “whole of life” income related matters;
- c) provide similar comparisons with the net earning rates of other professionals in Australia; and
- d) provide comparisons of net earning rates in Australia and in other countries with similar living standards using generally accepted benchmarks such as average weekly earnings and purchasing power equivalents.

The consultancy shall commence on Monday 4 August 1997 with a final report to be provided to the Medicare Schedule Review Board by Friday 21 November 1997.

2. Practice Costs Study

Under the direction of the Medicare Schedule Review Task Force and within a process of consultation with representative medical groups the consultant will:

- a) develop the criteria to apply in the determination of resources required to operate a reasonably efficient private medical practice across a range of major specialty groups;
- b) construct representative resource based models based on reasonably efficient private medical practices to assist in establishing fair and reasonable non professional medical components in private medical fees across the range of major specialty groups;

The models must:

- identify the physical resources incorporated into each practice type;

- apply reasonable efficient cost and utilisation rates to those resources;
 - provide an orderly classification and allocation of costs into the following cost groups: direct costs; indirect costs; professional indemnity insurance; and working capital;
 - provide sufficient flexibility to allow for inclusion of new items of service and changes of mix of services with consequent adjustments to resources allocated to other items within the model;
 - provide the capacity for differential cost analysis in relation to the following practice variables:
 - location of service;
 - practice type;
 - size of practice; and
 - geographical location of practice; and
 - allow for the ongoing review, evaluation and adjustment of practice costs.
- c) Identify options and recommend a set of costing principles to apply to the allocation of resources and costs within the model.
- d) Undertake differential cost analyses in relation to costs affected by the location where services are provided, the practice type, size of practice and geographical location of practice, and report on the policy issues arising; and
- analyse and report on the variances between groups of costs of services across a range
- e) Through application of the models describe and quantify the financial impact of options for determining cost recovery rates which could represent the practice cost component for fees for items of service listed in the Medicare Benefits Schedule.
- f) The consultancy shall commence by Tuesday 1 July 1997 and be completed as soon as practicable, but no later than Thursday 30 April 1998.

*Professional Relativities Study
Clinician Consultant Groups*

PHASE 1

GROUP	CLINICIAN CONSULTANT GROUPS (CCs)
<i>Name and specialty groups included</i>	
1	General Practice Emergency Medicine
2	Facio-max surg
3	Obstetrics and Gynaecology
4	General surgery Breast Surgery Colorectal Upper GI
5	Cardio-thoracic surgery
6	Neurosurgery
7	Orthopaedic surgery/Hand Surgery
8	Paediatric surgery
9	Plastic surgery Hand surgery Burns
10	Urology
11	Vascular surgery
12	Ophthalmology
13	ENT
14	Anaesthesia Hyperbaric medicine
15	Dermatology
16	IVF
17	General medicine Endocrinology Geriatrics Infectious diseases
18	Cardiology
19	Renal medicine
20	Gastroenterology
21	Neurology
22	Paediatric medicine
23	Rehabilitation medicine
24	Rheumatology
25	Thoracic medicine
26**	Psychiatry
27	Radiation oncology
28	Clinical haematology
29	Medical oncology
30	Intensive care
31	Nuclear medicine
32	Immunology

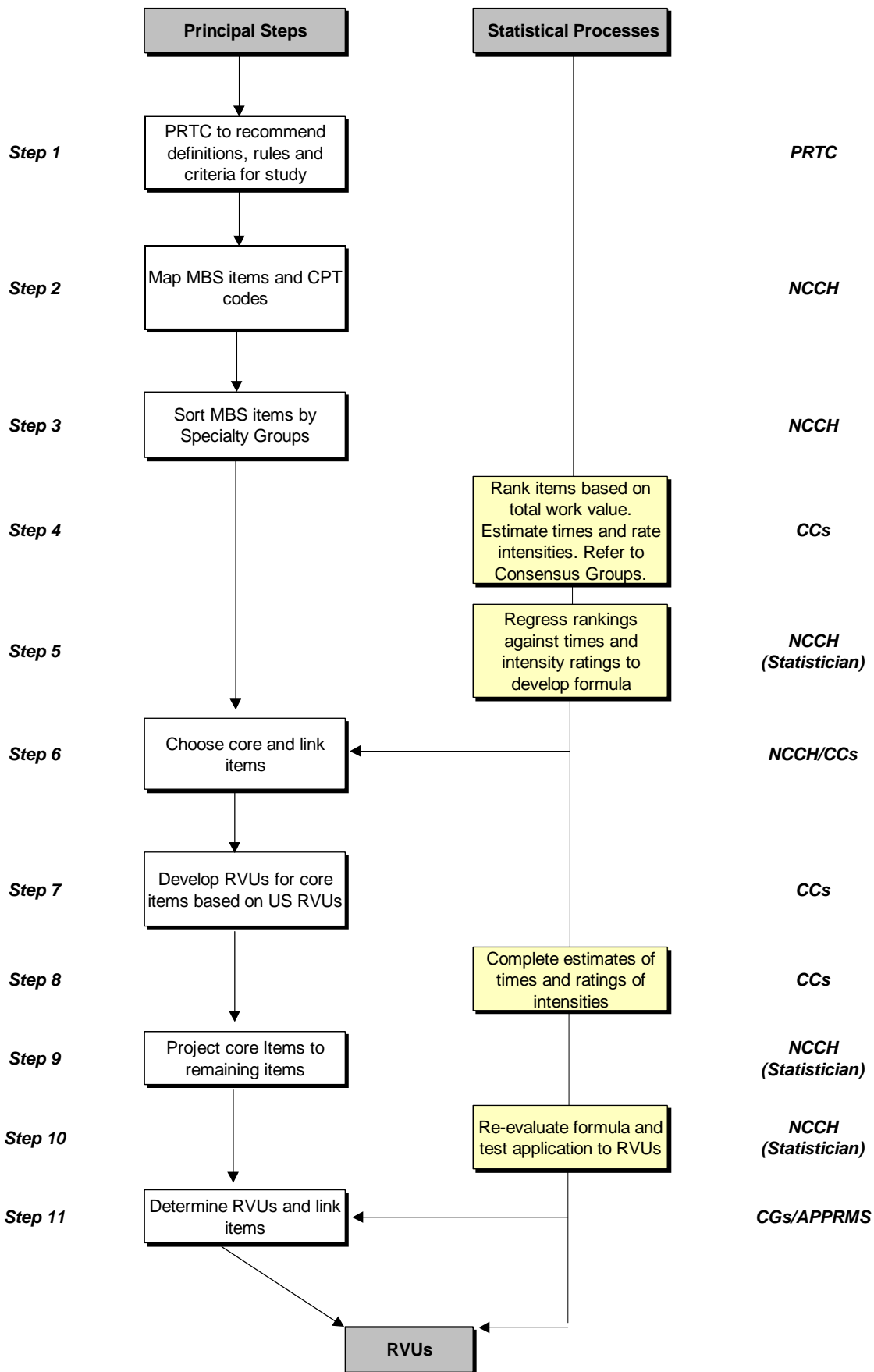
** Psychiatry to be reviewed with Attendance items

*Professional Relativities Study
Consensus Groups*

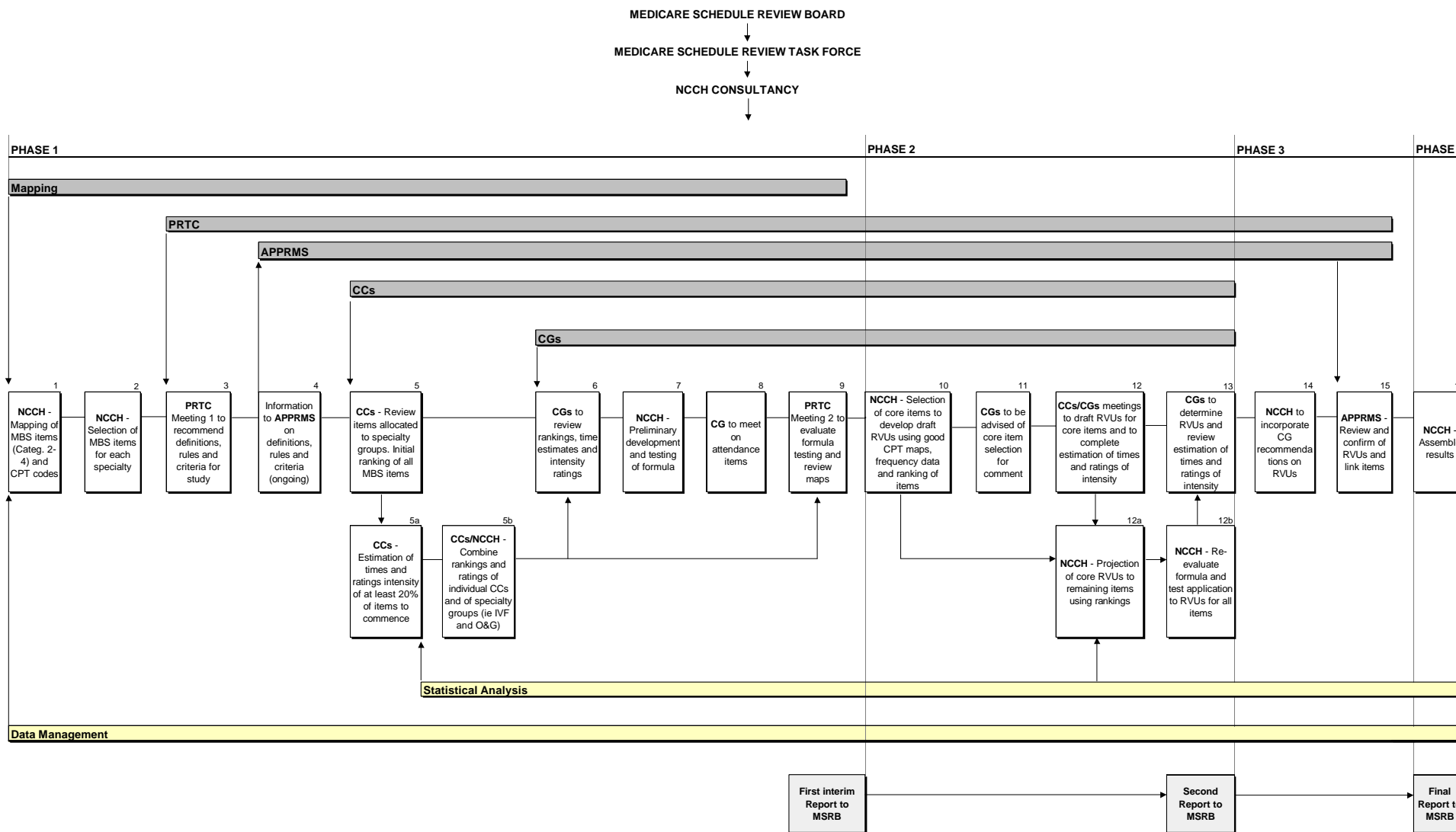
PHASE 1		
CG GROUP	CONSENSUS GROUPS <i>Name and CC group number</i>	ORGANISATION
1	General Practice (1) / Emergency Medicine (1)	AMA GP Remuneration Taskforce Australasian College for Emergency Medicine
2	Facio-max surg (2)	Aust & NZ Assoc of Oral & Maxillo-Facial Surgeons
3	Obstetrics and Gynaecology (3) / IVF (16)	Nat Assoc of Specialist Obstetricians & Gynaecologists Fertility Society of Australia
4	General surgery (4) / Breast Surgery (4) / Colorectal (4) / Upper GI (4) / Laparoscopic / Head & Neck Surgerv	Australian Association of Surgeons Royal Australasian College of Surgeons Colorectal Surgical Society of Australia
5	Cardio-thoracic surgery (5)	Australasian Society of Cardiac & Thoracic Surgeons
6	Neurosurgery (6)	Neurosurgical Society of Australasia
7	Orthopaedic surgery (7)	Australian Orthopaedic Association
8	Paediatric surgery (8)	Australasian Association of Paediatric Surgery
9	Plastic surgery (9) / Hand surgery (9) / Burns (9)	Australian Society of Plastic Surgeons
10	Urology (10)	Urological Society of Australasia
11	Vascular surgery (11)	Div of Vascular Surgery - Royal Aust College of Surgeons
12	Ophthalmology (12)	Royal Australian College of Ophthalmologists
13	ENT (13) (Otolaryngology Head & Neck Surgery)	Aust Society of Otolaryngology Head & Neck Surgery
14	Anaesthesia (14) / Hyperbaric medicine (14)	Australian Society of Anaesthetists
15	Dermatology (15)	Australasian College of Dermatologists
16	Thoracic medicine (25) / Paediatric medicine(22)	Thoracic Society of Australia & New Zealand Australian College of Paediatrics
17	General medicine (17) / Endocrinology (17) / Geriatrics (17) / Infectious Diseases (17) / Nuclear Medicine (31) / Immunology (32) / Rheumatology (24) / Rehabilitation medicine (23)	Australian Association of Consultant Physicians & Royal Australasian College of Physicians Endocrine Society of Australia Australian Society for Geriatric Medicine Australian Society for Infectious Diseases Aust & New Zealand of Physicians in Nuclear Medicine Australian Society for Immunology Australian Rheumatology Association Australian Faculty of Rehabilitation Medicine Association

PHASE 1		
CG GROUP	CONSENSUS GROUPS <i>Name and CC group number</i>	ORGANISATION
18	Cardiology (18) / Renal medicine (19) / Intensive care (30)	Cardiac Society of Australia & New Zealand Australian & New Zealand Society of Nephrology Australian & New Zealand Intensive Care Society
19	Radiation oncology (27)	Royal Australian College of Radiologists
20	Gastroenterology (20)	Gastroenterological Society of Australia
21	Neurology (21)	Australian Association of Neurologists
22	Clinical haematology (28) / Medical oncology (29)	Haematology Society of Australia Medical Oncology Group of Australia
23	Attendances (*) Psychiatry (26)	Royal Australian & New Zealand College of Psychiatrists

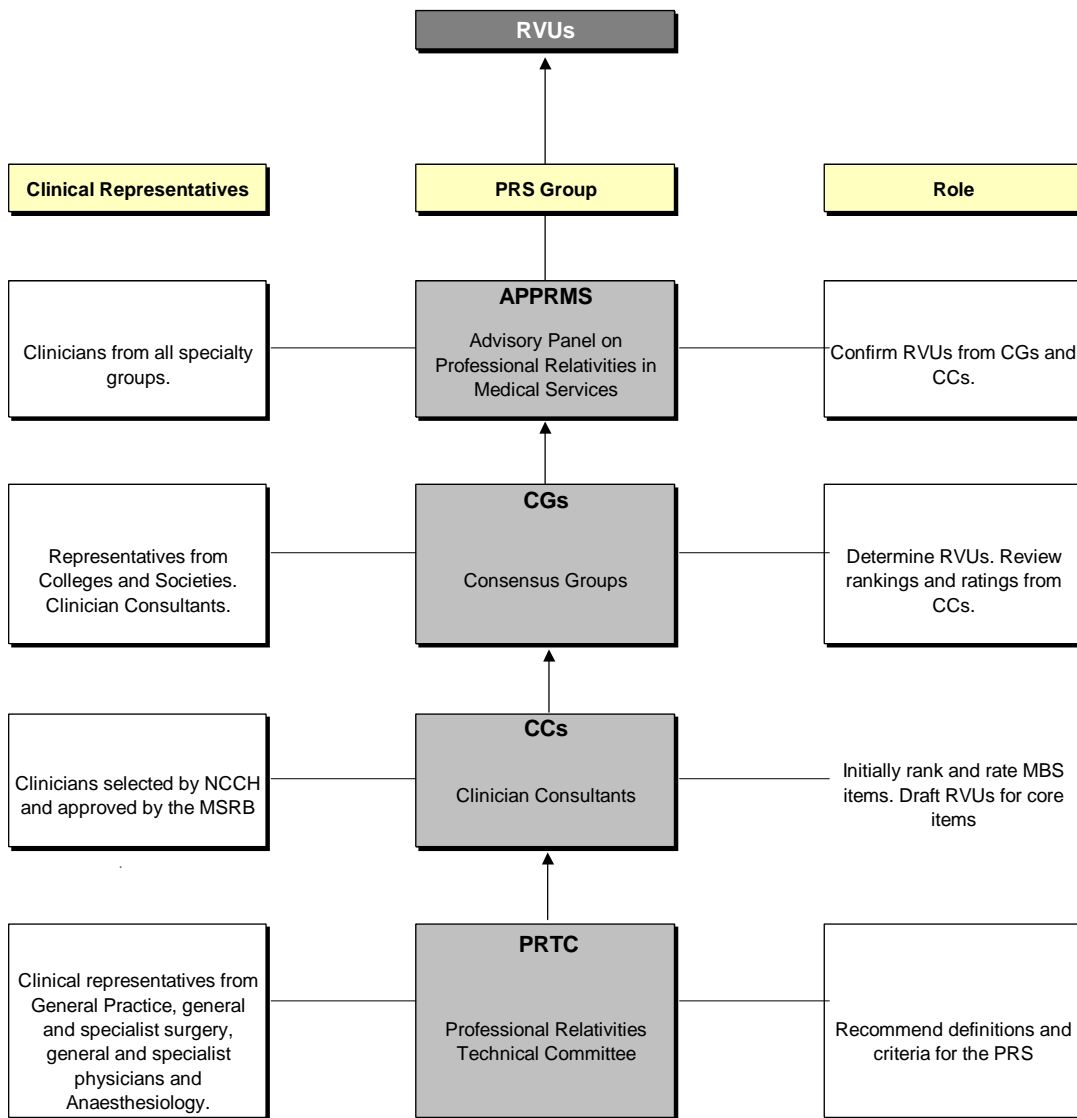
PROFESSIONAL RELATIVITIES STUDY - METHODOLOGY



Professional Relativities Study - Outline of Processes



**Professional Relativities Study
Clinical Groups**



Professional Relativities Study
Allocation of MBS Items for Review by Specialty Groups

Specialty groups	Items selected - 1	Items selected - 2	Items manually allocated	Items allocated from exception report		Items allocated manually for small group review	Total items per group	% Dist
				>50%	<50%			
<i>Not allocated Criteria 1 or 2</i>	487							
1 GENERAL PRACTICE	99	34	8	46	4	0	191	5.8
2 FACIO-MAXILLARY SURGERY	7	0	154	0	0	0	161	4.9
3 OBSTETRICS & GYNAECOLOGY	108	12	12	15	3	0	150	4.5
4 GENERAL SURGERY	262	34	38	29	10	0	373	11.3
5 CARDIO THORACIC SURGERY	117	2	10	0	0	0	129	3.9
6 NEUROSURGERY	124	0	17	0	0	0	141	4.3
7 ORTHOPAEDIC SURGERY	442	17	28	13	8	0	508	15.3
8 PAEDIATRIC SURGERY	92	0	30	0	0	0	122	3.7
9 PLASTIC SURGERY	218	7	41	5	2	0	273	8.2
10 UROLOGY	126	4	13	5	4	0	152	4.6
11 VASCULAR SURGERY	137	1	47	0	1	0	186	5.6
12 OPHTHALMOLOGY	151	5	10	5	0	0	171	5.2
13 ENT	144	6	8	6	5	0	169	5.1
14 ANAESTHESIOLOGY	158	5	34	13	3	0	213	6.4
15 DERMATOLOGY	27	4	8	2	3	0	44	1.3
16 IVF	27	0	2	0	0	0	29	0.9
17 GENERAL MEDICINE	3	8	0	1	0	2	14	0.4
18 CARDIOLOGY	27	2	4	4	2	0	39	1.2
19 RENAL MEDICINE	3	0	1	0	0	4	8	0.2
20 GASTROENTEROLOGY	33	2	4	0	0	0	39	1.2
21 NEUROLOGY	19	3	0	0	0	0	22	0.7
22 PAEDIATRIC MEDICINE	10	2	0	0	1	5	18	0.5
23 REHABILITATION MEDICINE	2	0	0	0	0	4	6	0.2
24 RHEUMATOLOGY	3	0	1	0	0	3	7	0.2
25 THORACIC MEDICINE	12	3	2	0	1	0	18	0.5
27 RADIATION ONCOLOGY	42	1	9	0	0	0	52	1.6
28 CLINICAL HAEMATOLOGY	12	3	0	0	0	1	16	0.5
29 MEDICAL ONCOLOGY	9	1	0	0	0	1	11	0.3
30 INTENSIVE CARE	14	0	0	0	0	4	18	0.5
31 NUCLEAR MEDICINE	21	0	4	0	0	0	25	0.8
32 IMMUNOLOGY	3	1	0	0	0	2	6	0.2
	2452	157	485	144	47	26	3311	100.0
<i>% of total items allocated per criteria</i>	74%	5%	15%	4%	1%	1%	100%	

Summary

Total items (MBS Category 2-4) = 2941
Total link items (Approx.) = 376

DRAFT CONSULTATION/ATTENDANCE ITEM STRUCTURE

(A) ALL CONSULTATIONS

ITEM NO.	CORE DESCRIPTORS (structure down schedule) ↓	BASE FEES	(structure across schedule) → LOADINGS OR MODIFIERS FOR DIFFERENTIAL FACTORS SUCH AS:
1	Consultation of approximately 5 minutes duration, where the clinical record demonstrates the straightforward nature of the task		(a) In respect of professional components:- . differentials between and within non-referred and referred services. . complexity such as for emergencies etc. . differences in the mix of direct and indirect time (b) In respect of practice costs:- . differences in levels of general overhead; . consumables and technical component;

ITEM NO.	CORE DESCRIPTORS (structure down schedule) ↓	BASE FEES	(structure across schedule) → LOADINGS OR MODIFIERS FOR DIFFERENTIAL FACTORS SUCH AS:
2	<p>Consultation of approximately 10 minutes duration where the clinical record demonstrates that more than one of the following professional work activities were rendered:</p> <ul style="list-style-type: none"> . taking a problem focused history; . a problem focused physical and/or mental examination; . a decision on a course of treatment, including where appropriate the need for a procedure and the risks thereof, for a condition of low complexity, and/or formulation and communication of a management plan; . a review of effectiveness of existing treatment; . lifestyle or other counselling of a specific nature; . decision on and ordering of diagnostic tests or specialist referral; or <p>a consultation of approximately 10 minutes duration with a new patient immediately prior to a procedure where the clinical record demonstrates that an assessment of the patient's fitness to undertake the procedure and/or an outline of the risks associated with the procedure have been undertaken.</p>		<p>(a) In respect of professional components:-</p> <ul style="list-style-type: none"> . differentials between and within non-referred and referred services. . complexity such as for emergencies etc. . differences in the mix of direct and indirect time <p>(b) In respect of practice costs:-</p> <ul style="list-style-type: none"> . differences in levels of general overhead; . consumables and technical component;

ITEM NO.	CORE DESCRIPTORS (structure down schedule) ↓	BASE FEES	(structure across schedule) → LOADINGS OR MODIFIERS FOR DIFFERENTIAL FACTORS SUCH AS:
3	<p>Consultation of approximately 15 minutes duration where the clinical record demonstrates that more than two of the following professional work activities were rendered:</p> <ul style="list-style-type: none"> . taking a problem focused history; . a detailed examination and assessment of the physical and/or mental condition of the patient; . decision on a course of treatment, including where appropriate the need for a procedure and the risks thereof, for a condition of low to moderate complexity and/or formulation and communication of a detailed management plan; . lifestyle or other counselling of a specific nature; . communication of other information commensurate with accepted clinical practice; or <p>a consultation of approximately 15 minutes duration with a new patient immediately prior to a procedure where the clinical record demonstrates involvement of significantly more professional effort than the type of assessment described in Item 2.</p>		<p>(a) In respect of professional components:-</p> <ul style="list-style-type: none"> . differentials between and within non-referred and referred services. . complexity such as for emergencies etc. . differences in the mix of direct and indirect time <p>(b) In respect of practice costs:-</p> <ul style="list-style-type: none"> . differences in levels of general overhead; . consumables and technical component;

ITEM NO.	CORE DESCRIPTORS (structure down schedule) ↓	BASE FEES	(structure across schedule) → LOADINGS OR MODIFIERS FOR DIFFERENTIAL FACTORS SUCH AS:
4	<p>Consultation of approximately 20 minutes duration where the clinical record demonstrates that more than two of the professional work activities of the type described in Item 3 were rendered and that the consultation was of extended duration due to extenuating circumstances such as:</p> <ul style="list-style-type: none"> . the nature of the patient's condition; . the tasks involved; . the number of problems requiring attention; or <p>a consultation of approximately 20 minutes duration where the clinical record demonstrates that more than two of the professional work activities of the type described in Item 3 were rendered and the nature of the service requires breaks in continuity</p>		<p>(a) In respect of professional components:-</p> <ul style="list-style-type: none"> . differentials between and within non-referred and referred services. . complexity such as for emergencies etc. . differences in the mix of direct and indirect time <p>(b) In respect of practice costs:-</p> <ul style="list-style-type: none"> . differences in levels of general overhead; . consumables and technical component;

ITEM NO.	CORE DESCRIPTORS (structure down schedule) ↓	BASE FEES	(structure across schedule) → LOADINGS OR MODIFIERS FOR DIFFERENTIAL FACTORS SUCH AS:
5	<p>Consultation of approximately 30 minutes duration where the clinical record demonstrates that more than two of the following professional work activities were rendered:</p> <ul style="list-style-type: none"> . a comprehensive consultative, history taking, and/or counselling process; . a comprehensive physical examination of the patient; . detailed evaluation of the patient's condition; . arriving at a diagnosis, and a decision relating to the patient's need to undertake a procedure other than a minor procedure or diagnostic test; . a comprehensive review of the effectiveness of existing treatment regimens and decision on current and future treatment options; . the personal communication by the doctor of sufficient information to allow the patient to reach an informed decision on treatment or non treatment options. 		<p>(a) In respect of professional components:-</p> <ul style="list-style-type: none"> . differentials between and within non-referred and referred services. . complexity such as for new patients, emergency etc. . differences in the mix of direct and indirect time <p>(b) In respect of practice costs:-</p> <ul style="list-style-type: none"> . differences in levels of general overhead; . consumables and technical component;

ITEM NO.	CORE DESCRIPTORS (structure down schedule) ↓	BASE FEES	(structure across schedule) → LOADINGS OR MODIFIERS FOR DIFFERENTIAL FACTORS SUCH AS:
6	<p>Consultation of approximately 45 minutes duration where the clinical record demonstrates that the consultation is characterised by the application of a full range of professional consulting and other skills to the diagnosis, management and/or treatment of one or more complex conditions or problems.</p>		<p>(a) In respect of professional components:-</p> <ul style="list-style-type: none"> . differentials between and within non-referred and referred services. . complexity such as for new patients, emergency etc. . differences in the mix of direct and indirect time <p>(b) In respect of practice costs:-</p> <ul style="list-style-type: none"> . differences in levels of general overhead; . consumables and technical component;
7	<p>Consultation of approximately 60 minutes duration where the clinical record demonstrates that the consultation involves professional activities of clear and unambiguous complexity and/or work content commensurate with a service of such duration.</p>		
8	<p>Consultation exceeding 75 minutes duration where the clinical record demonstrates that the consultation involves professional activities of clear and unambiguous complexity and/or work content commensurate with a service of such duration.</p>		

ATTENDANCE ITEMS STRUCTURE FOR PRS
NCCH Interpretation - based on MSRTF core structure groupings

ITEM NO.	DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS
Core item	<p>1 Consultation of approximately 5 minutes duration, where the clinical record demonstrates the straightforward nature of the task</p>	<p>a) normal range of consultations - referred - non referred</p>	<p>Normal range of consultations is defined as those consultations with the specified contents where the face to face time with the patient would be expected to have a close relationship with the total time of the service ie the face to face time represents the bulk of the work.</p>
Proxy item for PRS	<p>101 As per core item 1 description Normal range of consultations for referred patients</p>		
	<p>102 As per core item 1 description Normal range of consultations for non referred patients</p>		<p>The duration of a consultation means the time spent with the patient on a one to one direct face to face basis.</p>

ITEM NO.	DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS								
Core item	<p>2 a) Consultation of approximately 10 minutes duration where the clinical record demonstrates that more than one of the following professional work activities were rendered:</p> <ul style="list-style-type: none"> . taking a problem focused history; . a problem focused physical and/or mental examination; . a decision on a course of treatment, including where appropriate the need for a procedure and the risks thereof, for a condition of low complexity, and/or formulation and communication of a management plan; . a review of effectiveness of existing treatment; . lifestyle or other counselling of a specific nature; . decision on and ordering of diagnostic tests or specialist referral; or <p>b) a consultation of approximately 10 minutes duration with a new patient immediately prior to a procedure where the clinical record demonstrates that an assessment of the patient's fitness to undertake the procedure and/or an outline of the risks associated with the procedure have been undertaken.</p>	<p>a) normal range of consultations</p> <ul style="list-style-type: none"> - referred - non referred <p>b) pre procedural consultation</p> <ul style="list-style-type: none"> - new referred - new non referred 	<p>Pre procedural items are those where it would be appropriate to raise a separate fee but will only apply where the patient is new and the only purpose is to assess the patients fitness for the procedure immediately prior to a procedure</p> <p>Services covered here are pre procedural examinations by medical practitioners where the decision to carry out the procedure is already made and the patient has not already been seen. The pre procedural consultation can occur in rooms.</p>								
Proxy item for PRS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">201</td> <td>As per core item 2a description Normal range of consultations for referred patients</td> </tr> <tr> <td style="width: 5%; text-align: center;">202</td> <td>As per core item 2a description Normal range of consultations for non referred patients</td> </tr> <tr> <td style="width: 5%; text-align: center;">203</td> <td>As per core item 2b description Pre procedural consultation for new referred patients</td> </tr> <tr> <td style="width: 5%; text-align: center;">204</td> <td>As per core item 2b description Pre procedural consultation for new non referred patients</td> </tr> </table>	201	As per core item 2a description Normal range of consultations for referred patients	202	As per core item 2a description Normal range of consultations for non referred patients	203	As per core item 2b description Pre procedural consultation for new referred patients	204	As per core item 2b description Pre procedural consultation for new non referred patients		
201	As per core item 2a description Normal range of consultations for referred patients										
202	As per core item 2a description Normal range of consultations for non referred patients										
203	As per core item 2b description Pre procedural consultation for new referred patients										
204	As per core item 2b description Pre procedural consultation for new non referred patients										

ITEM NO.	DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS								
Core item	<p>3 a) Consultation of approximately 15 minutes duration where the clinical record demonstrates that more than two of the following professional work activities were rendered:</p> <ul style="list-style-type: none"> . taking a problem focused history; . a detailed examination and assessment of the physical and/or mental condition of the patient; . decision on a course of treatment, including where appropriate the need for a procedure and the risks thereof, for a condition of low to moderate complexity and/or formulation and communication of a detailed management plan; . lifestyle or other counselling of a specific nature; . communication of other information commensurate with accepted clinical practice; or <p>b) a consultation of approximately 15 minutes duration with a new patient immediately prior to a procedure where the clinical record demonstrates involvement of significantly more professional effort than the type of assessment described in Item 2.</p>	<p>a) normal range of consultations</p> <ul style="list-style-type: none"> - referred - non referred <p>b) pre procedural consultation</p> <ul style="list-style-type: none"> - new referred - new non referred 									
Proxy item for PRS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">301</td> <td style="padding: 2px;">As per core item 3a description Normal range of consultations for referred patients</td> </tr> <tr> <td style="width: 5%; text-align: center;">302</td> <td style="padding: 2px;">As per core item 3a description Normal range of consultations for non referred patients</td> </tr> <tr> <td style="width: 5%; text-align: center;">303</td> <td style="padding: 2px;">As per core item 3b description Pre procedural consultation for new referred patients</td> </tr> <tr> <td style="width: 5%; text-align: center;">304</td> <td style="padding: 2px;">As per core item 3b description Pre procedural consultation for new non referred patients</td> </tr> </table>	301	As per core item 3a description Normal range of consultations for referred patients	302	As per core item 3a description Normal range of consultations for non referred patients	303	As per core item 3b description Pre procedural consultation for new referred patients	304	As per core item 3b description Pre procedural consultation for new non referred patients		
301	As per core item 3a description Normal range of consultations for referred patients										
302	As per core item 3a description Normal range of consultations for non referred patients										
303	As per core item 3b description Pre procedural consultation for new referred patients										
304	As per core item 3b description Pre procedural consultation for new non referred patients										

ITEM NO.	DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS
Core item	<p>4 a Consultation of approximately 20 minutes duration where the clinical record demonstrates that more than two of the professional work activities of the type described in Item 3 were rendered and that the consultation was of extended duration due to extenuating circumstances such as:</p> <ul style="list-style-type: none"> . the nature of the patient's condition; . the tasks involved; . the number of problems requiring attention; or <p>b a consultation of approximately 20 minutes duration where the clinical record demonstrates that more than two of the professional work activities of the type described in Item 3 were rendered and the nature of the service requires breaks in continuity</p>	<p>a) normal range of consultations</p> <ul style="list-style-type: none"> - referred - non referred 	
Proxy item for PRS	<p>401 As per core item 4a description Normal range of consultations for referred patients</p>		
	<p>402 As per core item 4a description Normal range of consultations for non referred patients</p>		
	<p>403 As per core item 4b description Normal range of consultations for referred patients</p>		
	<p>404 As per core item 4b description Normal range of consultations for non referred patients</p>		

ITEM NO.	DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS
Core item	<p>5 Consultation of approximately 30 minutes duration where the clinical record demonstrates that more than two of the following professional work activities were rendered:</p> <ul style="list-style-type: none"> . a comprehensive consultative, history taking, and/or counselling process; . a comprehensive physical examination of the patient; . detailed evaluation of the patient's condition; . arriving at a diagnosis, and a decision relating to the patient's need to undertake a procedure other than a minor procedure or diagnostic test; . a comprehensive review of the effectiveness of existing treatment regimens and decision on current and future treatment options; . the personal communication by the doctor of sufficient information to allow the patient to reach an informed decision on treatment or non treatment options. 	<p>a) new patient - referred - non referred b) existing patient - referred - non referred</p>	<p>A new patient is: (a) a non referred patient who has not presented to that doctor or same 'group of doctors (to be defined) or at the same practice location in the last 6 months with substantially the same conditions or problems; or (b) a referred patient who with a new referral presents with one or more substantially new conditions or problems; or (c) a patient seen by an anaesthetist for the first time immediately prior to a procedure or administration of an anaesthetic.</p>
Proxy item for PRS	<p>501 As per core item 5 description Normal range of consultations for new patient referred</p>		
	<p>502 As per core item 5 description Normal range of consultations for new patient non referred</p>		
	<p>503 As per core item 5 description Normal range of consultations for existing patient referred</p>		
	<p>504 As per core item 5 description Normal range of consultations for existing patient non referred</p>		

ITEM NO.	DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS
Core Item	<p>6 Consultation of approximately 45 minutes duration where the clinical record demonstrates that the consultation is characterised by the application of a full range of professional consulting and other skills to the diagnosis, management and/or treatment of one or more complex conditions or problems.</p>	<p>a) new patient - referred - non referred b) existing patient - referred - non referred</p>	
Proxy item for PRS	<p>601 As per core item 6 description Normal range of consultations for new patient referred</p>		
	<p>602 As per core item 6 description Normal range of consultations for new patient non referred</p>		
	<p>603 As per core item 6 description Normal range of consultations for existing patient referred</p>		
	<p>603 As per core item 6 description Normal range of consultations for existing patient non referred</p>		

ITEM NO.	DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS
Core Item	<p>7 Consultation of approximately 60 minutes duration where the clinical record demonstrates that the consultation involves professional activities of clear and unambiguous complexity and/or work content commensurate with a service of such duration.</p>	<p>a) new patient - referred - non referred b) existing patient - referred - non referred</p>	
Proxy item for PRS	<p>701 As per core item 7 description Normal range of consultations for new patient referred</p>		
	<p>702 As per core item 7 description Normal range of consultations for new patient non referred</p>		
	<p>703 As per core item 7 description Normal range of consultations for existing patient referred</p>		
	<p>704 As per core item 7 description Normal range of consultations for existing patient non referred</p>		

ITEM NO.	DESCRIPTION	MODIFIERS (PARAMETERS) FOR PRS	DEFINITIONS AND COMMENTS
Core Item	<p>8 Consultation exceeding 75 minutes duration where the clinical record demonstrates that the consultation involves professional activities of clear and unambiguous complexity and/or work content commensurate with a service of such duration.</p>	<p>a) new patient - referred - non referred b) existing patient - referred - non referred</p>	
Proxy Item for PRS	<p>801 As per core item 8 description Normal range of consultations for new patient referred</p>		
	<p>802 As per core item 8 description Normal range of consultations for new patient non referred</p>		
	<p>803 As per core item 8 description Normal range of consultations for existing patient referred</p>		
	<p>804 As per core item 8 description Normal range of consultations for existing patient non referred</p>		

2. Professional Relativities Technical Committee (PRTC)

Outcomes Report 1st Meeting

Professional Relativities Study

**Professional Relativities
Technical Committee**

**Outcomes Report -
Meeting No.1**

Date: Saturday 23 August 1997

Venue: Kingsford Room, Sydney Sheraton Airport Hotel
Cnr O'Riordan and Robey Street, Mascot

Facilitator: A/Prof Rosemary Roberts

Report Date: 14 October 1997

National Centre For Classification In Health

Professional Relativities Technical Committee Outcomes Report

The meeting was opened at 9.30 am by A/Prof Rosemary Roberts.

Present: As per list of Attendees

Apologies: Mrs Sue Walker, National Centre for Classification in Health (NCCH) Queensland.

1. INTRODUCTION

1.1 Aims of the Day

A/Prof. Rosemary Roberts outlined the aims of the day. These included:

- i an overview of the study methodology
- ii an overview of the workplan and timeline
- iii recommendations by the PRTC on:
 - definitions
 - criteria
 - methods
 - other study guidelines
- iv review of division of specialty groups for the study
- v calculation of weighted Relative Value Units (RVUs)

1.2 Guidelines for CGAI

John Popplewell spoke on the guidelines provided to the Professional Relativities Technical Committee (PRTC) in establishing ground rules for setting professional relativities.

It was explained that the Medicare Benefits Schedule would be the basis for the study. Only the professional work component of services would be addressed in this part of the study, with financial aspects of the study being undertaken by a separate consultancy examining remuneration issues. All services will have identifiable pre, intra and post service components, with expected variability in intensity within the "intra" components of many services, and that work is to be measured as a combination of time and intensity.

It was pointed out that the specialty Clinical Haematology should be included in the proposed specialty groups approved by the Medicare Schedule Review Board (MSRB). The NCCH will be recommending to the MSRB this and other groups be included in the study.

It was further recommended that “Sub-Specialties” within General Surgery, such as Colo-rectal and Upper Gastrointestinal need to be included in the study.

2. BACKGROUND TO THE PRS

2.1 Study Methodology and Workplan/Timeline

The NCCH clarified the stages of the Professional Relativities Study (PRS) methodology. This included mapping Medicare Benefits Schedule and the U.S. Current Procedural Terminology (MBS/CPT) items, ranking of items, estimates of time and intensity, formula development, choosing core and link items, development of Relative Value Units (RVUs) for core items (using CPT RVUs), projection of core RVUs, review and confirmation of RVUs.

The NCCH was asked by members of the PRTC to clarify its selection process for inviting Clinician Consultants (CCs) to be involved in the study. It was explained that many of the CCs were known to the NCCH from previous working arrangements. The PRTC requested that these names be circulated to the committee.

It was pointed out that during the study *consultations* should be considered in the same context as *procedures*.

Clarification was sought as to why the Australian study was being modelled on the Harvard US study. It was stated that the US study is the most developed of any comparable international attempt at a similar study.

The issue of specialty group representatives for the Consensus Groups (CGs) was discussed. The Medicare Schedule Review Task Force (MSRTF) have written to specialty Societies and groups requesting 4 representatives each for the study. The PRTC is to be informed of all specialty group representatives for the study.

2.2 Project Management and Committee Roles

The roles of the of the PRS committees were outlined.

The role of the PRTC is listed hereunder:

- i Recommend definition of time - total service time intra, pre and post.
- ii Discuss direct/indirect time and effect on MBS relativities.
- iii Recommend effect of using existing MBS item relativities for RVUs.
- iv Recommend formula for calculating time and intensity to establish RVUs.
- v Recommend methods for RVUs for consultations, therapeutic and anaesthesia items.
- vi Recommend criteria for choosing core and link items.

- vii Recommend method for translating RVUs from core to remaining items.
- viii Recommend criteria for accepting a good map.

3. RECOMMENDATIONS BY THE PRTC

Recommendations were sought from the PRTC for the items listed in the following technical papers:

- 3.1 Study Definitions
- 3.2 Formula for Use in Study
- 3.3 Criteria - good maps, core and link items
- 3.4 Methodology - for applying definitions, formula criteria
- 3.5 Rules - parameters for study application

3.1 Study Definitions

The PRTC comments and recommendations on the definitions are detailed in table format (*refer to Glossary of Terms*). Work is to be measured as a combination of time and intensity.

3.2 Formula for Use in Study

A formula for the PRS will be developed using regression analysis. The PRTC confirmed that the following components of relativities should be considered for inclusion in the formula:

- i pre-service time
- ii intra-service time
- iii post-service time
- iv cognitive skills, clinical judgement and communication skills
- v technical skill and physical effort
- vi stress due to risk

3.3 Criteria

3.3.1 Criteria for accepting a good map

The NCCH explained that there were three criterion for accepting a “good map” ie correlation between Medicare Benefits Schedule (MBS) and the U.S. Current Procedural Terminology (CPT) items:

- i Good terminology rating
- ii Good code to code rating
- iii Known relativity between pre, intra and post service times for CPT and MBS

PRTC Comments:

Members asked about the homogeneity of MBS items and CPT codes and the use of CPT frequencies for accepting a good map.

A draft spreadsheet for calculating weighted RVUs based on the CPT RVUs and frequencies was tabled. The members queried the use of all frequency data for mapped items. The statistician will provide advice on these calculations.

3.3.2 Criteria for choosing core items

The PRTC agreed that the criteria for choosing core items should be based on the following:

- i high frequency
 - ii good map - *see 3.3.1*
 - iii good spread throughout MBS item rankings
 - iv at least one multi-specialty item (ie item being ranked by more than one specialty)
 - v clinical importance

PRTC Comments:

No objections were raised. However it was noted that criterion iv above would not always be possible.

3.3.3 Criteria for choosing link items

- i core items
- ii high frequency in both specialties

PRTC Comments:

A question was raised as to qualifying "high frequency". The statistician advised that in this context, high frequencies were relative to the distribution of MBS items within the speciality group.

It was agreed that the CPT RVU would be used as the benchmark for the link items between specialties.

The statistician explained that the RVUs would be used to test the formula, by analysing goodness-of-fit with time and intensity for each speciality.

3.4 Method**3.4.1 Methods for RVU development, therapeutic & anaesthesia items**

- i based on CPT results, time estimates and intensity ratings for core items
- ii based on interpolation/extrapolation and formula for non core items

PRTC Comments:

There was some concern about using United States (US) procedural times which are thought to be significantly longer than Australian procedural times. It was recommended that Australian times be used in the first instance and US times would be used to inform about differences in the RVUs.

3.4.2 Translating RVUs from core to remaining items

To be done initially mostly by interpolation (with some extrapolation) based on the rankings provided by the clinician consultants. Later this will be revised using the final formula.

PRTC Comments:

This involves projection from core items using interpolation (extrapolation) and information from time estimates and intensity items.

3.4.3 Linking Specialties

It was agreed that the study should address the establishment of cross specialty procedures and pairs of procedures between specialties of similar relative value. There was no further methodology established under this item.

3.4.4 Scope of application of RVUs already developed by Clinical Societies, Associations and Colleges.

The MSRTF has written to Colleges and craft groups for advice and information on any work undertaken in respect of relativities in their specialty crafts.

PRTC Comments:

It was advised that Anaesthetists already use relativities, based on intensity and time.

Members also commented that the specialist clinicians have been waiting for a standard for development of specialist relativities and that the PRS would address this gap.

Discussion was held concerning the difficulties in developing RVUs within the specialty groups, such as: distinguishing between referred and non-referred cases, opportunity cost of training. However, it was agreed that where specialties had already established RVUs, these could be of assistance when ranking and rating intensities.

3.5 Other

3.5.1 Relativity of Attendance items to other items

Given the recent changes to the Attendance items in the MBS and the crossover of the old item numbers across specialties, the PRTC was asked to recommend a strategy for developing attendance RVUs.

PRTC Recommendations

The PRTC agreed that the new structure for attendance items should be used for the PRS.

It was further recommended that

- i each specialty group look at attendance items in conjunction with the procedural items
- ii a different method be used for allocation of Attendance items to specialties for the rating of intensity
- iii the Consensus Group for Attendances should meet earlier than planned in order to make recommendations to the specialty groups for the comparison of procedure and attendance items.

3.5.2 Criteria for assigning MBS items to Specialty craft groups

Two sets of preliminary analyses of MBS data will be used to assign items to specialty groups. Firstly, items used by each specialty group will be analysed. Secondly, a review of all items by service providers will be undertaken to ensure that the specialty providing the majority of services per item is included wherever practicable. In some instances a specialty may be responsible for a small percentage of the total frequency for a particular item number yet the same item number may represent a significant number of that specialty's total work.

For example: MBS item 50124 (Joint or other Synovial Cavity aspiration injection of...) has the highest usage for Orthopaedic and General Practice Specialty groups. However, it represents 95% of the usage of procedural items by Rheumatologists.

The statistician recommended that any item be given a maximum of 2 specialties for ranking and rating. This would minimise:

- i the analysis of rankings and ratings per specialty, and
- ii the time needed for analysis of link items.

It was further recommended that the frequency distribution per specialty should be used to allocate MBS items to specialties as opposed to pure frequencies.

PRTC Recommendations:

It was recommended that:

- i When selecting items for a group, MBS items will first be allocated to the specialty to which the item represents the highest proportion of items performed by that specialty.
- ii Secondly, items will be allocated to a specialty if the specialty provides a high percentage of services for the MBS item.
- iii Where a specialty has 100% of an item, (ie service provision) it should review the item regardless of the frequency distribution within that specialty.
- iv If GPs provide greater than 50%, they should be included for reviewing item.
- v If GPs are doing greater than 30%, they should be considered for reviewing item.

Subsequent to the draft PRTC Outcomes Report, MBS items have been assigned to specialty groups.

4. OTHER BUSINESS

The PRTC requested that the following information be provided to the committee:

1. Abbreviations relating to all components of the study
2. Names of the NCCH Clinician Consultants
3. Membership of all CGs - to be forwarded at a later date

3. Ranking & Rating MBS Items

- 3.1 Guidelines sent to CCs for ranking and rating MBS procedural items
- 3.2 Notes on Rankings, Time Estimates and Intensity Ratings (*SAMPLE*)

Attachment- Rankings & Ratings of MBS Procedural Items
(*SAMPLE*)

3.1 GUIDELINES SENT TO CCs FOR RANKING AND RATING MBS PROCEDURAL ITEMS

The following guidelines were forwarded to Clinician Consultants to assist them with the process of estimating time, rating intensity and ranking MBS items for their specialty areas. They have been included in the document here to assist Consensus Group members in evaluating the rankings and ratings completed by the Clinician Consultants.

Following the Guidelines are the rankings and ratings prepared by the Clinician Consultants for your review. A summary report has also been attached which provides some descriptive statistics about the rankings and ratings.

CC GUIDELINES

These guidelines have been developed to assist with the ranking of MBS items, the estimation of time and rating of intensity. All MBS items in your specialty will require your attention for purposes of ranking and rating. Specifically, **all** items are to be **ranked**, and at least **20%** of items are to be rated at this stage. The remaining items will be rated at the Clinician Consultants meeting. If time permits all items should be rated now. It is **your choice** as to the items to be rated, however we recommend that a cross section be chosen.

Although the order set out in the guidelines is to rank and then estimate time and rate intensity, the NCCCH has no objection (**in fact it makes good sense**) **to the estimates of time and ratings of intensity being undertaken prior to the ranking**. The only proviso is that all items must be ranked at this stage. The ranking and rating procedures are described on the following pages. *Note: ranking and rating of attendance items will be undertaken in Phase 2.*

The following tools have been provided for your use (*NB: included with CC documentation only*):

1. **List 1 - Summary Sheet** - list of MBS items allocated to your Specialty (sorted by MBS item number)
2. **List 2 - Information sheet** - list of all items (sorted by MBS Anaesthetic time) to assist with rankings
3. **Worksheets** for each item divided into four sections:

Section 1	MBS item number and description (as per MBS)
Section 2	Time estimates for MBS item
Section 3	Ratings of intensity
Section 4	Comments
4. Floppy disk with both List 1 and List 2

In order to test the formula for RVU development and to select core items the following tasks need to be completed by the Clinician Consultants at this stage of the Professional Relativities Study:

Task 1 Review Specialty items provided for appropriateness;

Task 2 Rank all MBS items according to work value from 1-N;

Task 3 Estimate times for pre intra and post service work components for each MBS item (at least 20% of items);

Task 4 Rate the intraservice intensity (1-10) for at least 20% of MBS items;

Task 5 Record rankings and ratings on worksheets provided (1 per item)

Note: Feedback will be provided to Clinician Consultants on the implications of all rankings, time estimates and ratings of intensity.

TASK 1 Reviewing Specialty Items

Step 1

Please review your Specialty Items as provided to ensure that they are relevant to the work your specialty provides

Step 2

Please forward any comments you may have regarding omissions, relevance and/or accuracy of the items
(comments section of worksheet may be used for this purpose)

Step 3

Please still include all items in your rankings and ratings at this stage

TASK 2 Ranking MBS items

The ranking process involves placing each MBS item in order in terms of the total work value of that item. It requires your judgement of the total work value, ie time and intensity, for each item.

Step 1

Please rank **all items** from 1-N, where 1 is the highest ranked item in terms of total work value and N is the lowest.

- you may use the worksheets provided for this procedure (for sorting items into ranks)
- List 2 has also been provided to assist with rankings
- where specialties have more than 50 items to rank and rate, these worksheets have been sorted into piles of 50 sheets

Step 2

Please use the box on the top right hand corner of the Worksheet to write the rank order of each item

- if time permits, you may wish to summarise rankings on List 1 or List 2 as a check

TASK 3 **Estimating Time**

For the purpose of the PRS, time includes the following components:

- i* *pre service time*
- ii* *intra service time*
- iii* *post service time*

Please refer to Glossary of terms and PRS definitions in Section 4.

Step 1

Please estimate the time taken to undertake the procedure for each MBS item in your specialty

- time should be estimated for **pre, intra, and post service** components (refer to glossary for definitions of pre, intra and post service time)
- At this stage time estimates are required for at least 20% of the total MBS items for your group, however, if time permits all times should be estimated.

Step 2

Please document your estimated times in section 2 of the worksheet provided for each item.

- time should be recorded in minutes.

Step 3

Please summarise your ratings on List 1 or List 2 (*if time permits*)

TASK 4 Rating Work Intensity

Intensity includes the following elements:

- i Cognitive skill, clinical judgement and communication skills.*
- ii Technical skills and physical effort.*
- iii Stress due to risk to patient and/or difficulty of the procedure.*

Please refer to Glossary of terms and PRS definitions in Section 4.

Step 1

Please rate the intra service intensity of each of your items according to the above elements and on a scale of 1-10, with 1 being the lowest order of scale and 10 being the highest order of scale. The median of the scale is 5.

- You may use half values to rate if you wish
- At least 20% of the total items is required. If time permits all items should be rated for intensity.

Important Note:

Only intra service time should be rated for procedural items

Step 2

Please record your ratings in section 3 of the worksheet

Step 3

Please summarise your ratings on List 1 or List 2 (*if time permits*)

TASK 5 Recording Procedure

Step 1

Please ensure that each worksheet has been given a ranking number and that time estimates and intensity ratings are recorded on the worksheet for the items rated.

Step 2

List 1 is provided to enable you to summarise your information, however, List 2 may be more useful for this purpose.

Step 3

Optional

A computer disk is also provided for the recording of this information if you wish to utilise it.

Step 4

Would you please return the worksheets, List 1/2 (if completed) and computer disc (if used) to the NCCH in the envelope provided

3.2. NOTES ON RANKINGS, TIME ESTIMATES & INTENSITY RATINGS

SAMPLE

Ranking of Items

The ranking process involves within each group placing each MBS item in order in terms of the total professional work content of that item. The ranking of items is important, as it is only by ordering items that we can gauge the relative importance of time and intensity. Ranking will enable the selection of core items for the development of RVUs (using the CPT RVUs), test the validity of a formula and ensure the ability to replicate RVUs for MBS items.

Time Estimates and Intensity Ratings

The total professional work content of an item is defined as the combination of Time and Intensity. The estimation of times and the rating of intensities are therefore equivalent to the estimation of all the components of professional work content.

Ratings should be spread across the range of 1-10 (decimals can be used). When rating the items, it is suggested that the median of 5 is considered as the starting point and the extremities of 0 or 10 are avoided so that there is room to move in subsequent ratings.

A summary of the preliminary ratings is also attached for information. This shows the spread of ratings used on the scale of 1-10 for each level of intensity (ie technical skill, cognitive skill, stress).

Consistency between Rankings, Times & Ratings

It follows therefore that for Item A to be ranked above Item B in terms of relative value, then Item A should have at least one component of time (pre, intra or post) greater than the corresponding Item B component or alternatively Item A should have at least one of the intensity components rated higher than the corresponding Item B intensity component.

Conversely if Item A is ranked below Item B, then Item B must have at least one time estimate or intensity rating greater than the corresponding time estimate or intensity rating for Item A. It should not be possible for Item A to have all its times and intensities greater than or equal to those of Item B.

Data inconsistency can be described on two levels. Level 1 inconsistencies are inconsistencies which result when the principle stated in the two paragraphs above is violated. They apply regardless of any formula. Level 2 inconsistencies are inconsistencies which apply when formula application is attempted.

Table 1 below demonstrates a Level 1 inconsistency:

	Rank	Time Estimates			Intensity Ratings		
		Pre	Intra	Post	C	T	S
Item A	1	15	120	30	5	4	4
Item B	2	15	120	30	5	4	4
Item C	3	15	120	30	6	4	4

In Table 1, item C has been ranked below the other items but has a greater intensity rating for cognitive skill and therefore should be ranked at '1' given that all other time estimates and ratings are equal.

Feedback to the specialty groups so far has only been provided about Level 1 inconsistencies. Level 2 inconsistencies will be discussed at CG meetings once the rankings and ratings have been confirmed.

IMPORTANT - General Practice/Emergency Medicine

The initial rankings and ratings that have been completed for general practice and emergency medicine procedural items are presented on the following pages for the Consensus Group to review.

*For general practice all items have been ranked and time estimates and ratings of intensity have been completed. **It should be noted that items with 'Assist' in the item description have been ranked and rated from an assistant surgeon's perspective.** This may effect the intensity ratings, time estimates and rankings of the data. A consistency check of this data set found a number of inconsistencies in the data. A summary report of the data set is attached.*

For emergency medicine the Clinician Consultant has completed time estimates and ratings of intensity for a proportion of the items in the spreadsheet. NB a consistency check has not been carried out on this data set as the ranking has not been completed.

General Practice

CC Rankings and Ratings

MBS Item	Truncated MBS Descriptor	Frequency 1996/97	Anaesth. time (mins)	Schedule Fee	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)		
						Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Comm'n skills	Technical skill/ Physical Effort	Stress due to risk
44324	Hand, midcarpal or transmetacarpal	1	60	167.00	1	15	70	30	6	8.5	8
41792	Tonsils or tonsils and adenoids, removal of, in a person 12 years of age or over	101	45	203.20	2	15	40	15	6	8	7
41788	Tonsils or tonsils and adenoids, removal of, in a person aged less than 12 years	111	45	161.45	3	15	30	15	6	8	7
44345	3 digits of 1 foot	0	60	150.30	4	15	50	30	6	7.5	7
41800	Adenoids, removal of	54	30	86.30	5	15	30	15	6	8	7
44341	2 digits of 1 foot	4	45	130.80	6	15	45	30	6	7.5	7
44357	Toe, including metatarsal or part of metatarsal - each toe	9	60	105.75	7	15	45	30	6	7.5	7
44337	1 digit of foot	45	30	86.30	8	15	40	30	6	7.5	5
37622	Vasotomy or vasectomy, unilateral or bilateral	12712	30	141.95	9	15	45	15	8	8	7
30616	Umbilical, epigastric or linea alba hernia, repair of, in a person under 10 years of age	6	45	194.85	10	15	30	0	8	8.5	8
16518	Management of labour, incomplete, where the patient's care has been transferred to another medical practitioner	481		116.50	11	10	180	0	8	6	9
45200	Single stage local flap, where indicated to repair 1 defect, simple and small, excluding flap for male pattern baldness	14378	45	208.75	12	15	45	15	6	8	6
30074	Biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedure	750	30	86.30	13	5	25	10	8	8	6
30265	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more such	121	30	86.30	14	10	15	0	7	7.5	4
30222	Large haematoma, large abscess, carbuncle, cellulitis or similar lesion requiring a general anaesthetic, incision with	604	30	86.30	15	15	5	0	6	6	6
30064	Subcutaneous foreign body, removal of, requiring incision and exploration, including closure of wound if performed,	23437	45	80.75	16	5	20	10	7	8.5	7
35639	Uterus, curettage of, with or without dilatation (including curettage for incomplete miscarriage) under general	1973	30	99.05	17	15	15	30	8	7	7
30013	Extensive burns, dressing of, under general anaesthesia (not involving grafting)	7	90	96.05	18	15	20	0	4	4	5
30675	Pilonidal sinus or cyst, or sacral sinus or cyst, excision of	173	60	219.90	19	15	30	15	8	8	6
30102	Sinus, excision of, involving muscle and deep tissue	72	30	109.95	20	5	20	10	8	8	6
17989	Administration of an anaesthetic in connection with peripheral venous cannulation	381	30	69.75	21	5	15	0	7	7	4
30659	Circumcision of a male 10 years of age or over	533	45	109.95	22	15	30	0	8	8	8

General Practice

CC Rankings and Ratings

MBS Item	Truncated MBS Descriptor	Frequency 1996/97	Anaesth. time (mins)	Schedule Fee	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)		
						Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Comm'n skills	Technical skill/ Physical Effort	Stress due to risk
37393	Priapism, decompression by glanular stab caverno-sospongiosum shunt or penile aspiration with or without	519	60	168.85	23	15	30	15	8	8	7
18213	Intravenous regional anaesthesia of limb by retrograde perfusion	933		65.15	24	10	45	0	8	8	8
35512	Bartholin's cyst, excision of	55	30	131.65	25	15	30	15	8	7	5
30180	Axillary hyperhidrosis, wedge excision for	78	45	100.20	26	5	35	15	7	8	5
35526	Urethral caruncle, excision of	7	30	85.50	27	15	30	15	8	8	5
30048	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more	1648	75	109.95	28	5	35	10	7	8.5	8
31230	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a	23012	45	143.50	29	10	60	15	6	7.5	6
31255	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from nose, eyelid, lip,	25216	45	189.00	30	5	20	10	8	8	7
31240	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a	11691	45	143.50	31	10	45	15	6	8	6
31215	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a	14967	30	122.50	32	10	45	15	6	7	6
31265	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from face, neck	53535	45	157.50	33	5	30	10	8	7.5	7
35516	Bartholin's cyst or gland, marsupialisation of	58	30	85.50	34	15	20	10	8	6	5
30106	Ganglion or small bursa, excision of, not being a service associated with a service to which an item in this Group	868	30	114.10	35	5	30	10	8	8.5	6
31270	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from face, neck	21297	45	220.50	36	5	45	10	8	7.5	7
31210	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a	43228	30	105.00	37	10	40	15	6	7	5
31285	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from areas of the	17312	45	182.00	38	5	30	10	7	7	5
47327	Proximal phalanx of finger or thumb, treatment of intra-articular fracture of, by closed reduction	560	30	145.15	39	15	30	20	6	7.5	6
47378	Radius or ulna, shaft of, treatment of fracture of, by cast immobilisation, not being a service to which item 47381,	2191	30	124.45	40	15	45	20	6	8	6
47369	Radius, distal end of, treatment of Colles', Smith's or Barton's fracture of, by cast immobilisation, not being a	4657	30	124.45	41	15	45	20	6	8	6
47324	Proximal phalanx of finger or thumb, treatment of fracture of, by closed reduction	4032	30	124.45	42	15	25	20	6	7	6
47315	Middle phalanx of finger, treatment of intra-articular fracture of, by closed reduction	485	30	107.15	43	15	30	20	6	7.5	6
47312	Middle phalanx of finger, treatment of fracture of, by closed reduction	2415	30	93.30	44	15	25	20	6	7	6

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						Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Comm'n skills	Technical skill/ Physical Effort	Stress due to risk
41886	Trachea, removal of foreign body in	14	30	130.80	45	10	30	10	8	9	9
31280	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from areas of the	43913	45	133.00	46	5	20	10	7	7	5
30035	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more	17375	75	86.30	47	5	17	10	7	9	7
30041	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck, large	8734	75	105.75	48	5	25	10	7	7	6
31235	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a	43047	45	122.50	49	10	45	15	6	7.5	6
41656	Nasal haemorrhage, posterior, arrest of, with posterior nasal packing with or without cauterisation and with or	310	60	90.10	50	10	25	20	6	8	7
41680	Cryotherapy to nose in the treatment of nasal haemorrhage	938	45	119.65	51	10	20	15	8	8	6
42644	Cornea or sclera, removal of imbedded foreign body from (excluding after-care)	50475	75	53.00	52	5	15	0	6	8	8
41500	Ear, foreign body (other than ventilating tube) in, removal of, other than by simple syringing	12063	15	60.55	53	5	10	10	5	8	6
41659	Nose, removal of foreign body in, other than by simple probing	1730	30	57.05	54	10	15	10	6	8	7
41677	Nasal haemorrhage, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both	6523	60	66.10	55	10	20	15	6	7	6
47063	Ankle or tarsus, treatment of dislocation of, by closed reduction	117	30	186.65	56	15	25	20	6	6	7
47561	Tibia, shaft of, treatment of fracture of, by cast immobilisation, not being a service to which item 47564,	1453	45	200.45	57	15	45	30	6	6	5
47030	Carpus, or carpus on radius and ulna, or carpometacarpal joint, treatment of dislocation of, by closed reductor	100	30	145.15	58	15	25	15	6	6	5
46528	Ingrowing nail of finger or thumb, wedge resection for, including removal of segment of nail, unguis fold and	469	30	124.45	59	15	30	30	5	6.5	5
46531	Ingrowing nail of finger or thumb, partial resection of nail, including phenolisation but not including excision of nail	298	30	62.50	60	15	30	30	5	6	5
47916	Ingrowing nail of toe, partial resection of nail, including phenolisation but not including excision of nail bec	8391	30	62.50	61	15	30	30	5	6	5
44353	5 digits of 1 foot (Assist.)	0	90	194.85	62	15	60	0	6	5	5
44349	4 digits of 1 foot (Assist.)	0	75	172.60	63	15	60	0	6	5	5
47915	Ingrowing nail of toe, wedge resection for, including removal of segment of nail, unguis fold and portion of the	31758	30	124.45	64	15	30	30	5	6.5	5
35712	Laparotomy, involving oophorectomy, salpingectomy, salpingo-oophorectomy, removal of ovarian, parovarian,	31	75	266.00	65	15	60	0	5	5	4
35583	Donald-Fothergill or Manchester operation for genital prolapse (Assist.)	10		373.20	66	15	60	0	5	5	4

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						Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Comm'n skills	Technical skill/ Physical Effort	Stress due to risk
35683	Uterus, suspension or fixation of, as an independent procedure (Assist.)	1	60	257.85	67	15	60	0	5	5	4
47069	Toe, treatment of dislocation of, by closed reduction	482	15	51.85	68	15	25	15	6	7	6
47543	Tibia, plateau of, treatment of medial or lateral fracture of, not being a service to which item 47546 or 47549 applies	453	45	165.95	69	15	30	30	6	6	5
47474	Pelvic ring, treatment of fracture of, not involving disruption of pelvic ring or acetabulum	178		138.25	70	0	30	30	6	5	4
47015	Shoulder, treatment of dislocation of, not requiring general anaesthesia	1846		62.20	71	15	20	20	6	7.5	5
47057	Patella, treatment of dislocation of, by closed reduction	235	15	93.30	72	10	20	20	6	6	5
47303	Distal phalanx of finger or thumb, treatment of intra-articular fracture of, by closed reduction	495	30	72.60	73	15	30	20	6	7	6
47594	Ankle joint, treatment of fracture of, not being a service to which item 47597 applies	3051	30	158.95	74	15	45	20	6	6	5
47444	Humerus, shaft of, treatment of fracture of, not being a service to which item 47447 or 47450 applies	393	45	165.95	75	15	30	30	6	7.5	5
47423	Humerus, proximal, treatment of fracture of, not being a service to which item 47426, 47429 or 47432 applies	1160	45	158.95	76	15	20	30	6	6	5
47462	Clavicle, treatment of fracture of, not being a service to which item 47465 applies	3613	30	82.90	77	10	20	30	6	6	5
47579	Patella, treatment of fracture of, not being a service to which item 47582 or 47585 applies	557	30	117.55	78	15	45	20	6	6	5
47405	Radius, treatment of fracture of head or neck of, closed management of	2062	45	138.25	79	15	20	20	5	6	5
47606	Calcaneum or talus, treatment of fracture of, not being a service to which item 47609, 47612, 47615 or 47618	983	45	172.85	80	15	40	30	6	6	5
47024	Radioulnar joint, distal or proximal, treatment of dislocation of, by closed reduction, not being a service associated	249	30	145.15	81	15	25	20	6	6	5
47576	Fibula, treatment of fracture of	3972	30	82.90	82	15	45	20	6	6	5
47396	Olecranon, treatment of fracture of, not being a service to which item 47399 applies	322	45	138.25	83	15	25	20	6	6	5
47042	Metacarpophalangeal joint, treatment of dislocation of, by closed reduction	506	15	82.90	84	15	25	15	6	6	5
47036	Interphalangeal joint, treatment of dislocation of, by closed reduction	2118	15	62.20	85	15	25	15	6	6	5
47018	Elbow, treatment of dislocation of, by closed reduction	606	30	145.15	86	10	20	20	6	6	5
47354	Carpal scaphoid, treatment of fracture of, not being a service to which item 47357 applies	5435	30	124.45	87	15	30	20	6	7	6.5
47678	Phalanx of toe (other than great toe), more than 1 of, treatment of fracture of, by open reductor	46	90	124.45	88	15	45	30	6	8	7

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						Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Comm'n skills	Technical skill/ Physical Effort	Stress due to risk
47672	Phalanx of toe (other than great toe), 1 of, treatment of fracture of, by open reductor	266	45	82.90	89	15	45	30	6	8	7
47300	Distal phalanx of finger or thumb, treatment of fracture of, by closed reduction, including percutaneous fixation where	2701	30	62.20	90	15	30	20	6	7	6
47663	Phalanx of great toe, treatment of fracture of, by closed reduction	1211	30	103.75	91	10	30	30	6	6	5
35575	Anterior vaginal repair or posterior vaginal repair (involving repair of rectocele or enterocele or both) not being a	41		255.10	92	15	60	0	6	7	5
30337	Simple mastectomy with or without frozen section biopsy (Assist.)	18	45	239.40	93	15	45	0	5	5	4
30020	Burns, excision of, under general anaesthesia, involving more than 10 per cent of body surface, where grafting is	21	165	466.25	94	15	40	0	6	6	6
30620	Umbilical, epigastric or linea alba hernia, repair of, in a person 10 years of age or over (Assist.)	74	45	219.90	95	15	20	0	5	4	4
30638	Orchidectomy, simple or subcapsular, unilateral with or without insertion of testicular prosthesis (Assist.)	15	45	219.90	96	15	30	0	5	4	4
30634	Varicocele, surgical correction of, not being a service associated with a service to which items 30638, 30641	11	45	172.60	97	15	30	0	5	4	4
47466	Sternum, treatment of fracture of, not being a service to which item 47467 applies	101	30	82.90	98	5	15	15	6	6	5
47363	Radius or ulna, distal end of, treatment of fracture of, by closed reduction	2051	30	145.15	99	15	45	20	6	7.5	6
47411	Humerus, treatment of fracture of tuberosity of, not being a service to which item 47417 applies	595	30	82.90	100	15	30	20	6	6	5
47651	Metatarsals, 3 or more of, treatment of fracture of	174	30	172.85	101	10	30	30	6	6	5
47627	Tarsus (excluding calcaneum or talus), treatment of fracture of	618	30	117.55	102	15	40	30	6	6	5
30110	Bursa (large), including olecranon, calcaneum or patella, excision of (Assist.)	188	45	208.75	103	15	30	0	6	6	4
30067	Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (Assist.)	2748	45	164.20	104	15	20	0	6	6	4
37396	Priapism, shunt operation for, not being a service to which item 37393 applies (Assist.)	1	120	544.40	105	15	30	0	5	5	5
51303	Assistance at any operation under an item in group T8 identified by the word "Assist." for which the fee exceeds	194698		149.22	106	15	60	0	5	5	5
51309	Assistance at a series or combination of operations which have been identified by the word "Assist." and assistance	414		128.43	107	15	60	0	5	5	5
51300	Assistance at any operation under an item in group T8 identified by the word "Assist." for which the fee does not	32134		63.35	108	15	60	0	5	5	5
47360	Radius or ulna, distal end of, treatment of fracture of, by cast immobilisation, not being a service to which item	18914	30	96.80	109	15	30	20	6	6.5	5
47645	Metatarsals, 2 of, treatment of fracture of, by closed reduction	32	30	165.95	110	10	40	30	6	6	5

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						Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Comm'n skills	Technical skill/ Physical Effort	Stress due to risk
47642	Metatarsals, 2 of, treatment of fracture of	361	30	110.60	111	10	40	30	6	6	5
47636	Metatarsal, 1 of, treatment of fracture of, by closed reduction	438	30	124.45	112	10	30	30	6	6	5
47633	Metatarsal, 1 of, treatment of fracture of	5587	30	82.90	113	10	30	30	6	6	5
30052	Full thickness laceration of ear, eyelid, nose or lip, repair of, with accurate apposition of each layer of tissue	1557	90	186.50	114	15	30	0	6	6	4
30017	Burns, excision of, under general anaesthesia, involving not more than 10 per cent of body surface, where grafting	220	90	239.40	115	15	30	0	6	6	6
30612	Femoral or inguinal hernia or infantile hydrocele, repair of, not being a service to which item 30403 or 30615 applies	254	60	261.65	116	15	30	0	5	4	4
30345	Breast, excision of cyst, fibro adenoma or other local lesion or segmental resection for any other reason, where	36	75	192.05	117	15	30	0	5	4	4
30341	Breast, excision of cyst, fibro adenoma or other local lesion or segmental resection for any other reason	364	30	144.75	118	15	30	0	5	4	4
47453	Humerus, distal, (supracondylar or condylar), treatment of fracture of, not being a service to which item 47456 or	1357	45	193.55	119	15	45	30	6	8	7
47417	Humerus, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by closed reduction	32	45	193.55	120	15	30	0	5	5	5
47387	Radius and ulna, shafts of, treatment of fracture of, by cast immobilisation, not being a service to which item	1257	45	200.45	121	15	45	20	6	8.5	6
47609	Calcaneum or talus, treatment of fracture of, by closed reduction, with or without dislocation (Assist.)	52	45	259.25	122	15	40	0	4	4	5
31205	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a	246516	30	70.00	123	10	35	15	6	7	5
30282	Ranula or mucous cyst of mouth, removal of	104	60	114.10	124	10	15	0	7	7.5	4
47339	Metacarpal, treatment of intra-articular fracture of, by closed reduction	516	30	145.15	125	15	20	20	6	7	6
47336	Metacarpal, treatment of fracture of, by closed reduction	8035	30	124.45	126	15	15	15	6	6	6
51306	Assistance at a delivery involving Caesarean section	12013		91.60	127	15	60	0	5	6.5	5
30045	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more	1920	75	86.30	128	5	30	10	7	8	8
30038	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck, large	10987	75	66.10	129	5	20	10	7	8	6
47003	Clavicle, treatment of dislocation of, by closed reduction	218	30	62.20	130	15	15	15	6	5	5
32174	Intra-anal, perianal or ischio-rectal abscess, drainage of (excluding aftercare)	765	60	65.25	131	10	15	0	7	6.5	5
47054	Knee, treatment of dislocation of, by closed reduction (Assist.)	31	30	238.50	132	15	30	0	5	4	4

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						Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Comm'n skills	Technical skill/ Physical Effort	Stress due to risk
39115	Percutaneous neurotomy of posterior divisions (or rami) of spinal nerves by any method, including any associated	2592	30	55.25	133	5	15	15	8	8	8
46525	Pulp space infection, paronychia of hand, incision for, when performed in an operating theatre of a hospital or	969	15	41.50	134	15	20	0	5	5	5
47912	Pulp space infection, paronychia of foot, incision for, not being a service to which another item in this Group applies	2892	30	41.50	135	15	20	0	5	5	5
47654	Metatarsals, 3 or more of, treatment of fracture of, by closed reduction (Assist.)	22	30	259.25	136	15	40	0	6	6	5
18278	Sciatic nerve, injection of an anaesthetic agent	424		65.15	137	3	10	10	8	8	5
47348	Carpus (excluding scaphoid), treatment of fracture of, not being a service to which item 47351 applies	874	30	69.10	138	15	20	15	6	6	5
30653	Circumcision of a male under 6 months of age	14564	30	34.10	139	10	10	0	6.5	8	7
30205	Cancer of skin proven by histopathology, removal of, by liquid nitrogen cryotherapy using repeat freeze- thaw	280	30	92.75	140	5	15	5	6	4	3
47000	Mandible, treatment of dislocation of, by closed reduction	107	15	51.85	141	15	20	15	6	7	5
18272	Saphenous, sural, popliteal or posterior tibial nerve, main trunk of, 1 or more of, injection of an anaesthetic agen	936		45.85	142	3	10	10	8	8	5
30032	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not more	66169	75	60.55	143	5	12	10	8	8	7
30029	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck,	40651	30	66.10	144	5	14	10	7	8	6
30026	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck,	158662	30	38.30	145	5	10	10	7	7	6
30009	Localised burns, dressing of, under general anaesthesia (not involving grafting)	15	60	44.55	146	15	10	0	4	4	4
30006	Extensive burns, dressing of, without anaesthesia (not involving grafting) - each attendance at which the	3404		34.10	147	5	20	0	4	4	5
47904	Digital nail of toe, removal of, not being a service to which item 47906 applies	18998	15	41.50	148	10	15	20	5	5	5
46513	Digital nail of finger or thumb, removal of, not being a service to which item 46516 applies	2081	15	41.50	149	10	15	20	5	5	5
30071	Biopsy of skin or mucous membrane, as an independent procedure	144604	30	38.30	150	5	20	10	8	8	6
12003	Skin sensitivity testing for allergens, using more than 20 allergens, not being a service associated with a service to	66755		43.20	151	3	25	0	8	5	5
30099	Sinus, excision of, involving superficial tissue only	276	30	66.10	152	5	20	10	8	7	6
12000	Skin sensitivity testing for allergens, using 1 to 20 allergens, not being a service associated with a service to	37541		28.55	153	3	30	0	8	5	5
30195	Neoplastic skin lesions, other than viral verrucae (common warts) and seborrheic keratoses, treatment by	90132	30	46.60	154	5	20	0	7	8	4

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						Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Comm'n skills	Technical skill/ Physical Effort	Stress due to risk
18258	Intercostal nerve (single), injection of an anaesthetic agent	304		45.85	155	2	8	10	8	6	4
18242	Greater occipital nerve, injection of an anaesthetic agent	1575		27.65	156	2	8	10	8	6	3
30192	Premalignant skin lesions, treatment of, by galvanocautery or electrodesiccation or cryocautery (10 or more lesions)	306331	30	29.10	157	3	20	0	7	8	4
30003	Localised burns, dressing of, (not involving grafting) - each attendance at which the procedure is performed, including	30910		22.60	158	5	10	0	4	4	4
30186	Palmar or plantar wart, removal of, not being a service to which item 30187 applies	52045	30	34.80	159	5	20	10	7	7	4
47735	Nasal bones, treatment of fracture of, not being a service to which item 47738 or 47741 applies - each attendance	430		31.50	160	15	30	30	6	7	6
53400	Maxilla, unilateral or bilateral, treatment of fracture of, not requiring splinting	106		94.90	161	15	20	15	6	5	6
30406	Paracentesis abdominis	1507	30	38.30	162	10	120	0	8	8	8.5
35520	Bartholin's abscess, incision of	258	15	42.75	163	15	15	30	8	6	5
50124	Joint or other synovial cavity, aspiration of, injection into, or both of these procedures; payable on not more than 25	364022	15	21.75	164	10	15	15	6	6.5	6
32147	Perianal thrombosis, incision of	9158	30	33.20	165	10	15	45	7	6	5
14203	Hormone or living tissue implantation, by direct implantation involving incision and suture	21062	30	37.55	166	5	10	0	8	7	3
14200	Gastric lavage in the treatment of ingested poison	75		43.95	167	3	30	0	8	8	6
16514	Antenatal cardiotocography in the management of high risk pregnancy (not during the course of the confinement)	28755		26.95	168	3	35	0	8	8	5
14206	Hormone or living tissue implantation - by cannula	16703		26.15	169	5	5	0	6	6	3
35554	Vagina, dilatation of, as an independent procedure including any associated consultation	184	15	31.90	170	15	15	0	7	7	5
47703	Skull, treatment of fracture of, each attendance	24		31.50	171	0	20	0	6	6	6
31200	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than a	1410		25.00	172	5	15	10	7	7	5
30202	Cancer of skin or mucous membrane proven by histopathology or confirmed by specialist opinion, removal	44220		35.45	173	5	15	15	6	6.5	5
37415	Penis, injection of, for the investigation and treatment of impotence - 2 services only in a period of 36 consecutive	58563		34.20	174	5	5	30	6	8	5
30207	Skin lesions, multiple injections with hydrocortisone or similar preparations	26614	30	32.75	175	5	10	5	6	6	5
47471	Ribs (1 or more), treatment of fracture of - each attendance	1538		31.50	176	0	15	0	5	4	5

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						Pre Service	Intraservice	Post Service	Cognitive skill/ Clinical judgement/ Comm'n skills	Technical skill/ Physical Effort	Stress due to risk
11700	Twelve-lead electrocardiography, tracing and report	1222245		22.90	177	2	15	0	8	6	6
13709	Collection of blood for autologous transfusion or when homologous blood is required for immediate transfusion in	24753		35.55	178	5	30	0	7	6	3
36800	Bladder, catheterisation of, where no other procedure is performed	10364	15	20.30	179	10	25	30	8	8	6
11621	- 2 examinations of the kind referred to in item 11618, and report (not being a service associated with a service to	35		74.60	180	5	20	0	8	8	4
30628	Hydrocele, tapping of	1931		26.15	181	10	10	0	8	7	5
30219	Haematoma, furuncle, small abscess or similar lesion not requiring a general anaesthetic, incision with drainage of	112195		20.05	182	5	15	0	6	6	6
30216	Haematoma, aspiration of	13591	15	20.05	183	5	10	0	6	6	4
11506	Measurement of respiratory function involving a permanently recorded tracing performed before and after	296769		15.05	184	7	15	0	7	5	3
30061	Superficial foreign body, removal of, (including from cornea or sclera) as an independent procedure	65519	30	17.25	185	3	10	15	8	9	8
11309	Audiogram, air conduction	81928		19.25	186	3	10	0	8	7	3
11330	Impedance audiogram where the patient is not referred by a medical practitioner - 1 examination in any 4 week period	73525		5.80	187	2	10	0	8	3	3
12200	Collection of specimen of sweat by iontophoresis	619		27.35	188						
11306	Non-determinate audiometry	22092		16.15	189	3	5	0	8	7	3
11702	Twelve-lead electrocardiography, tracing only	37630		11.45	190	2	12	0	3	6	3
45560	Hair transplantation for the treatment of alopecia of congenital or traumatic origin or due to disease, excluding	95	105	347.85	191						
	Additional item allocated to General Practice/Emergency Medicine for ranking and rating as advised by CCs										
11500	Bronchospirometry, including gas analysis	517		122.60		10	30	10	5	5	2

1. Summary Report for Cognitive skill etc.

Rating	Frequency	%age	Cume %age
0	0	0.0%	0.0%
1	0	0.0%	0.0%
2	0	0.0%	0.0%
3	1	0.5%	0.5%
4	5	2.6%	3.2%
5	28	14.8%	18.0%
6	90	47.6%	65.6%
7	23	12.2%	77.8%
8	42	22.2%	100.0%
9	0	0.0%	100.0%
10	0	0.0%	100.0%
Totals	189	100.0%	

Average rating is 6.4

Maximum rating is 8

Minimum rating is 3

2. Summary Report for Technical skill etc.

Rating	Frequency	%age	Cume %age
0	0	0.0%	0.0%
1	0	0.0%	0.0%
2	0	0.0%	0.0%
3	1	0.5%	0.5%
4	14	7.4%	7.9%
5	21	11.1%	19.0%
6	58	30.7%	49.7%
7	44	23.3%	73.0%
8	48	25.4%	98.4%
9	3	1.6%	100.0%
10	0	0.0%	100.0%
Totals	189	100.0%	

Average rating is 6.6

Maximum rating is 9

Minimum rating is 3

3. Summary Report for Stress

Rating	Frequency	%age	Cume %age
0	0	0.0%	0.0%
1	0	0.0%	0.0%
2	0	0.0%	0.0%
3	10	5.3%	5.3%
4	26	13.8%	19.0%
5	76	40.2%	59.3%
6	43	22.8%	82.0%
7	22	11.6%	93.7%
8	10	5.3%	98.9%
9	2	1.1%	100.0%
10	0	0.0%	100.0%
Totals	189	100.0%	

Average rating is 5.4

Maximum rating is 9

Minimum rating is 3

4. Summary Report: Mean Values of Work Content Components

	Time			Intensity		
	Pre Service	Intraservice	Post Service	Cognitive skill etc.	Technical skill etc.	Stress
Mean	10.8	29.1	12.1	6.4	6.6	5.4

*Note: The summary report only includes MBS items for which ALL ratings and work value components were available.
i.e. The report does not include those items for which missing values were noted in the Error Report*

Emergency Medicine

Summary Sheet - Sorted by MBS Item No.

MBS Item	Truncated MBS Descriptor	Frequency	Anaesth . time (mins)	Schedule Fee	Rank (1- N)	Time Estimates (mins.)			Ratings of Intensity (1-10)		
						Pre Service	Intraservice	Post Service	skill/ Clinical judgement/ Communicat	skill/ Physical Effort	Stress due to risk
11306	Non-determinate audiometry	22092		16.15							
11309	Audiogram, air conduction	81928		19.25							
11330	Impedance audiogram where the patient is not referred by a medical practitioner - 1 examination in any 4 weeks	73525		5.80							
11506	Measurement of respiratory function involving a permanently recorded tracing performed before an	296769		15.05		5	15	10	7	5	7
11621	- 2 examinations of the kind referred to in item 11618, and report (not being a service associated with :	35		74.60		5					
11700	Twelve-lead electrocardiography, tracing and report	1222245		22.90		5	10	10	7	5	7
11702	Twelve-lead electrocardiography, tracing only	37630		11.45		5	10	2	3	6	3
12000	Skin sensitivity testing for allergens, using 1 to 20 allergens, not being a service associated with a service	37541		28.55							
12003	Skin sensitivity testing for allergens, using more than 20 allergens, not being a service associated with a service	66755		43.20							
12200	Collection of specimen of sweat by iontophoresis	619		27.35							
13709	Collection of blood for autologous transfusion or when homologous blood is required for immediate transfusion	24753		35.55		15	10	10	6	6	3
14200	Gastric lavage in the treatment of ingested poison	75		43.95		10	20	10	8	7	7
14203	Hormone or living tissue implantation, by direct implantation involving incision and suturing	21062	30	37.55							
14206	Hormone or living tissue implantation - by cannula	16703		26.15							
16514	Antenatal cardiotocography in the management of high risk pregnancy (not during the course of the pregnancy)	28755		26.95							
16518	Management of labour, incomplete, where the patient's care has been transferred to another medical practitioner	481		116.50							
17989	Administration of an anaesthetic in connection with peripheral venous cannulation	381	30	69.75		20	20	10	7	6	8
18213	Intravenous regional anaesthesia of limb by retrograde perfusion	933		65.15		20	25	10	7	6	8
18242	Greater occipital nerve, injection of an anaesthetic agent	1575		27.65							
18258	Intercostal nerve (single), injection of an anaesthetic agent	304		45.85							

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MBS Item	Truncated MBS Descriptor	Frequency	Anaesth . time (mins)	Schedule Fee	Rank (1- N)	Time Estimates (mins.)			Ratings of Intensity (1-10)			
						Pre Service	Intraservice	Post Service	skill/ Clinical judgement/ Communicat	skill/ Physical Effort	Stress due to risk	
18272	Saphenous, sural, popliteal or posterior tibial nerve, main trunk of, 1 or more of, injection of an anaesthetic	936		45.85								
18278	Sciatic nerve, injection of an anaesthetic agent	424		65.15								
30003	Localised burns, dressing of, (not involving grafting) - each attendance at which the procedure is performed	30910		22.60		5	10	10	7	7	5	
30006	Extensive burns, dressing of, without anaesthesia (not involving grafting) - each attendance at which the	3404		34.10		15	20	15	7	7	5	
30009	Localised burns, dressing of, under general anaesthesia (not involving grafting)	15	60	44.55								
30013	Extensive burns, dressing of, under general anaesthesia (not involving grafting)	7	90	96.05								
30017	Burns, excision of, under general anaesthesia, involving not more than 10 per cent of body surface, where	220	90	239.40								
30020	Burns, excision of, under general anaesthesia, involving more than 10 per cent of body surface, where grafting	21	165	466.25								
30026	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck	158662	30	38.30		10	15	5	6	5	5	
30029	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck	40651	30	66.10		10	15	5	6	6	6	
30032	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not	66169	75	60.55		10	20	5	7	7	7	
30035	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, small (not	17375	75	86.30		10	20	5	7	7	7	
30038	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck	10987	75	66.10		10	30	5	7	7	6	
30041	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, other than on face or neck	8734	75	105.75		10	30	5	7	7	6	
30045	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more	1920	75	86.30		10	30	5	8	8	7	
30048	Skin and subcutaneous tissue or mucous membrane, repair of recent wound of, on face or neck, large (more	1648	75	109.95		10	40	10	8	8	7	
30052	Full thickness laceration of ear, eyelid, nose or lip, repair of, with accurate apposition of each layer	1557	90	186.50		10	30	10	8	8	7	
30061	Superficial foreign body, removal of, (including from cornea or sclera) as an independent procedure	65519	30	17.25		15	10	5	7	6	6	
30064	Subcutaneous foreign body, removal of, requiring incision and exploration, including closure of wound	23437	45	80.75		15	25	10	7	7	6	
30067	Foreign body in muscle, tendon or other deep tissue, removal of, as an independent procedure (Assist	2748	45	164.20		15	20	10	7	8	6	

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MBS Item	Truncated MBS Descriptor	Frequency	Anaesth . time (mins)	Schedule Fee	Rank (1- N)	Time Estimates (mins.)			Ratings of Intensity (1-10)		
						Pre Service	Intraservice	Post Service	skill/ Clinical judgement/ Communicat	skill/ Physical Effort	Stress due to risk
30071	Biopsy of skin or mucous membrane, as an independent procedur	144604	30	38.30							
30074	Biopsy of lymph gland, muscle or other deep tissue or organ, as an independent procedur	750	30	86.30							
30099	Sinus, excision of, involving superficial tissue only	276	30	66.10							
30102	Sinus, excision of, involving muscle and deep tissue	72	30	109.95							
30106	Ganglion or small bursa, excision of, not being a service associated with a service to which an item in this Group	868	30	114.10							
30110	Bursa (large), including olecranon, calcaneum or patella, excision of (Assist.	188	45	208.75							
30180	Axillary hyperhidrosis, wedge excision for	78	45	100.20							
30186	Palmar or plantar wart, removal of, not being a service to which item 30187 applie	52045	30	34.80							
30192	Premalignant skin lesions, treatment of, by galvanocautery or electrodesiccation or cryocautery (1	306331	30	29.10							
30195	Neoplastic skin lesions, other than viral verrucae (common warts) and seborrheic keratoses, treatment	90132	30	46.60							
30202	Cancer of skin or mucous membrane proven by histopathology or confirmed by specialist opinior	44220		35.45							
30205	Cancer of skin proven by histopathology, removal of, by liquid nitrogen cryotherapy using repeat freeze- tha	280	30	92.75							
30207	Skin lesions, multiple injections with hydrocortisone or similar preparation	26614	30	32.75							
30216	Haematoma, aspiration of	13591	15	20.05		10	15	10	6	6	6
30219	Haematoma, furuncle, small abscess or similar lesion not requiring a general anaesthetic, incision wit	112195		20.05							
30222	Large haematoma, large abscess, carbuncle, cellulitis or similar lesion requiring a general anaesthetic, incisi	604	30	86.30							
30265	Salivary gland, removal of calculus from duct or meatotomy or marsupialisation, 1 or more sucl	121	30	86.30							
30282	Ranula or mucous cyst of mouth, removal of	104	60	114.10							
30337	Simple mastectomy with or without frozen section biopsy (Assist.)	18	45	239.40							
30341	Breast, excision of cyst, fibro adenoma or other local lesion or segmental resection for any other reaso	364	30	144.75							

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MBS Item	Truncated MBS Descriptor	Frequency	Anaesth . time (mins)	Schedule Fee	Rank (1- N)	Time Estimates (mins.)			Ratings of Intensity (1-10)		
						Pre Service	Intraservice	Post Service	skill/ Clinical judgement/ Communicat	skill/ Physical Effort	Stress due to risk
30345	Breast, excision of cyst, fibro adenoma or other local lesion or segmental resection for any other reasor	36	75	192.05							
30406	Paracentesis abdominis	1507	30	38.30		15	30	10	8	8	8
30612	Femoral or inguinal hernia or infantile hydrocele, repair of, not being a service to which item 30403 or 3061	254	60	261.65							
30616	Umbilical, epigastric or linea alba hernia, repair of, in a person under 10 years of ag	6	45	194.85							
30620	Umbilical, epigastric or linea alba hernia, repair of, in a person 10 years of age or over (Assist.	74	45	219.90							
30628	Hydrocele, tapping of	1931		26.15							
30634	Varicocele, surgical correction of, not being a service associated with a service to which items 30638, 3064	11	45	172.60							
30638	Orchidectomy, simple or subcapsular, unilateral with or without insertion of testicular prosthesis (Assist.	15	45	219.90							
30653	Circumcision of a male under 6 months of age	14564	30	34.10							
30659	Circumcision of a male 10 years of age or over	533	45	109.95							
30675	Pilonidal sinus or cyst, or sacral sinus or cyst, excision of	173	60	219.90							
31200	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than e	1410		25.00							
31205	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than e	246516	30	70.00							
31210	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than e	43228	30	105.00							
31215	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than e	14967	30	122.50							
31230	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than e	23012	45	143.50							
31235	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than e	43047	45	122.50							
31240	Tumour (other than viral verrucae [common warts] and seborrheic keratoses), cyst, ulcer or scar (other than e	11691	45	143.50							
31255	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from nose, eyelid	25216	45	189.00							
31265	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from face, nec	53535	45	157.50							

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MBS Item	Truncated MBS Descriptor	Frequency	Anaesth . time (mins)	Schedule Fee	Rank (1-N)	Time Estimates (mins.)			Ratings of Intensity (1-10)		
						Pre Service	Intraservice	Post Service	skill/ Clinical judgement/ Communicat	skill/ Physical Effort	Stress due to risk
31270	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from face, nec	21297	45	220.50							
31280	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from areas of th	43913	45	133.00							
31285	Basal cell carcinoma or squamous cell carcinoma (including keratocanthoma), removal from areas of th	17312	45	182.00							
32147	Perianal thrombosis, incision of	9158	30	33.20							
32174	Intra-anal, perianal or ischio-rectal abscess, drainage of (excluding aftercare	765	60	65.25							
35512	Bartholin's cyst, excision of	55	30	131.65							
35516	Bartholin's cyst or gland, marsupialisation of	58	30	85.50							
35520	Bartholin's abscess, incision of	258	15	42.75							
35526	Urethral caruncle, excision of	7	30	85.50							
35554	Vagina, dilatation of, as an independent procedure including any associated consultatio	184	15	31.90							
35575	Anterior vaginal repair or posterior vaginal repair (involving repair of rectocele or enterocele or both) n	41		255.10							
35583	Donald-Fothergill or Manchester operation for genital prolapse (Assist.)	10		373.20							
35639	Uterus, curettage of, with or without dilatation (includin curettage for incomplete miscarriage) under gener	1973	30	99.05							
35683	Uterus, suspension or fixation of, as an independent procedure (Assist.)	1	60	257.85							
35712	Laparotomy, involving oophorectomy, salpingectomy, salpingo-oophorectomy, removal of ovarian, parovaria	31	75	266.00							
36800	Bladder, catheterisation of, where no other procedure is performec	10364	15	20.30		15	15	10	7	7	6
37393	Priapism, decompression by glanular stab caverno-sospongiosum shunt or penile aspiration with or without	519	60	168.85							
37396	Priapism, shunt operation for, not being a service to which item 37393 applies (Assist.)	1	120	544.40							
37415	Penis, injection of, for the investigation and treatment of impotence - 2 services only in a period of 3l	58563		34.20							
37622	Vasotomy or vasectomy, unilateral or bilateral	12712	30	141.95							

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						Pre Service	Intraservice	Post Service	skill/ Clinical judgement/ Communicat	skill/ Physical Effort	Stress due to risk
39115	Percutaneous neurotomy of posterior divisions (or ram of spinal nerves by any method, including an	2592	30	55.25							
41500	Ear, foreign body (other than ventilating tube) in, removal of, other than by simple syringin	12063	15	60.55		10	15	5	7	7	6
41656	Nasal haemorrhage, posterior, arrest of, with posterior nasal packing with or without cauterisation and with c	310	60	90.10		15	25	10	7	8	7
41659	Nose, removal of foreign body in, other than by simple probing	1730	30	57.05		10	10	5	7	7	6
41677	Nasal haemorrhage, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing c	6523	60	66.10		15	25	10	7	8	7
41680	Cryotherapy to nose in the treatment of nasal haemorrhage	938	45	119.65							
41788	Tonsils or tonsils and adenoids, removal of, in a person aged less than 12 year:	111	45	161.45							
41792	Tonsils or tonsils and adenoids, removal of, in a person 12 years of age or ove	101	45	203.20							
41800	Adenoids, removal of	54	30	86.30							
41886	Trachea, removal of foreign body in	14	30	130.80							
42644	Cornea or sclera, removal of imbedded foreign body from (excluding after-care	50475	75	53.00		15	10	5	7	7	8
44324	Hand, midcarpal or transmetacarpal	1	60	167.00		15	20	5	8	7	5
44337	1 digit of foot	45	30	86.30		10	10	5	7	6	5
44341	2 digits of 1 foot	4	45	130.80		10	10	5	7	6	5
44345	3 digits of 1 foot	0	60	150.30		10	25	5	7	7	5
44349	4 digits of 1 foot (Assist.)	0	75	172.60		10	25	5	8	8	5
44353	5 digits of 1 foot (Assist.)	0	90	194.85		10	35	10	8	8	5
44357	Toe, including metatarsal or part of metatarsal - each toe	9	60	105.75		10	10	5	7	6	5
45200	Single stage local flap, where indicated to repair 1 defect, simple and small, excluding flap for male patten	14378	45	208.75							
45560	Hair transplantation for the treatment of alopecia of congenital or traumatic origin or due to disease	95	105	347.85							

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MBS Item	Truncated MBS Descriptor	Frequency	Anaesth . time (mins)	Schedule Fee	Rank (1- N)	Time Estimates (mins.)			Ratings of Intensity (1-10)		
						Pre Service	Intraservice	Post Service	skill/ Clinical judgement/ Communicat	skill/ Physical Effort	Stress due to risk
46513	Digital nail of finger or thumb, removal of, not being a service to which item 46516 applie	2081	15	41.50		5	15	5	6	6	6
46525	Pulp space infection, paronychia of hand, incision for, when performed in an operating theatre of a hospital	969	15	41.50					7	7	7
46528	Ingrowing nail of finger or thumb, wedge resection for, including removal of segment of nail, unqual fold ar	469	30	124.45		10	20	5	6	7	6
46531	Ingrowing nail of finger or thumb, partial resection of nail, including phenolisation but not including excision	298	30	62.50		10	20	5	8	7	6
47000	Mandible, treatment of dislocation of, by closed reduction	107	15	51.85		15	10	5	8	7	6
47003	Clavicle, treatment of dislocation of, by closed reduction	218	30	62.20		10	25	5	7	7	5
47015	Shoulder, treatment of dislocation of, not requiring general anaesthesia	1846		62.20		15	25	10	7	7	6
47018	Elbow, treatment of dislocation of, by closed reduction	606	30	145.15		15	25	10	8	7	7
47024	Radioulnar joint, distal or proximal, treatment of dislocation of, by closed reduction, not being a servic	249	30	145.15		10	20	5	8	7	7
47030	Carpus, or carpus on radius and ulna, or carpometacarpal joint, treatment of dislocation of, b	100	30	145.15		10	20	5	8	7	7
47036	Interphalangeal joint, treatment of dislocation of, by closed reductor	2118	15	62.20		10	10	5	6	6	5
47042	Metacarpophalangeal joint, treatment of dislocation of, by closed reductor	506	15	82.90		10	10	5	6	6	5
47054	Knee, treatment of dislocation of, by closed reduction (Assist.)	31	30	238.50		15	30	10	8	7	8
47057	Patella, treatment of dislocation of, by closed reduction	235	15	93.30		15	25	10	7	7	7
47063	Ankle or tarsus, treatment of dislocation of, by closed reduction	117	30	186.65							
47069	Toe, treatment of dislocation of, by closed reduction	482	15	51.85		10	10	5	6	5	5
47300	Distal phalanx of finger or thumb, treatment of fracture of, by closed reduction, including percutaneous fixatio	2701	30	62.20		10	20	10	7	6	5
47303	Distal phalanx of finger or thumb, treatment of intra-articular fracture of, by closed reductio	495	30	72.60		10	20	10	7	6	6
47312	Middle phalanx of finger, treatment of fracture of, by closed reductor	2415	30	93.30		10	20	10	7	7	6
47315	Middle phalanx of finger, treatment of intra- articular fracture of, by closed reductor	485	30	107.15							

MBS Item	Truncated MBS Descriptor	Frequency	Anaesth . time (mins)	Schedule Fee	Rank (1- N)	Time Estimates (mins.)			Ratings of Intensity (1-10)		
						Pre Service	Intraservice	Post Service	skill/ Clinical judgement/ Communicat	skill/ Physical Effort	Stress due to risk
47324	Proximal phalanx of finger or thumb, treatment of fracture of, by closed reduction	4032	30	124.45		10	30	10	7	7	6
47327	Proximal phalanx of finger or thumb, treatment of intra-articular fracture of, by closed reduction	560	30	145.15		10	30	10	7	6	6
47336	Metacarpal, treatment of fracture of, by closed reduction	8035	30	124.45		10	20	5	6	6	6
47339	Metacarpal, treatment of intra-articular fracture of, by closed reduction	516	30	145.15		10	30	5	7	7	6
47348	Carpus (excluding scaphoid), treatment of fracture of, not being a service to which item 47351 applies	874	30	69.10		10	20	10	8	7	6
47354	Carpal scaphoid, treatment of fracture of, not being a service to which item 47357 applies	5435	30	124.45		10	30	10	8	7	6
47360	Radius or ulna, distal end of, treatment of fracture of, by cast immobilisation, not being a service to which item 47363 applies	18914	30	96.80		10	30	10	7	7	6
47363	Radius or ulna, distal end of, treatment of fracture of, by closed reduction	2051	30	145.15		10	20	5	7	6	6
47369	Radius, distal end of, treatment of Colles', Smith's or Barton's fracture of, by cast immobilisation, not being a service to which item 47363 applies	4657	30	124.45		15	25	15	7	6	7
47378	Radius or ulna, shaft of, treatment of fracture of, by cast immobilisation, not being a service to which item 47363 applies	2191	30	124.45		10	20	5	7	6	6
47387	Radius and ulna, shafts of, treatment of fracture of, by cast immobilisation, not being a service to which item 47363 applies	1257	45	200.45		10	20	5	7	6	6
47396	Olecranon, treatment of fracture of, not being a service to which item 47399 applies	322	45	138.25		10	20	5	7	6	7
47405	Radius, treatment of fracture of head or neck of, closed management of	2062	45	138.25		10	15	15	7	6	6
47411	Humerus, treatment of fracture of tuberosity of, not being a service to which item 47417 applies	595	30	82.90		10	20	10	7	6	6
47417	Humerus, treatment of fracture of tuberosity of, and associated dislocation of shoulder, by closed reduction	32	45	193.55		10	15	5	7	6	6
47423	Humerus, proximal, treatment of fracture of, not being a service to which item 47426, 47429 or 47432 applies	1160	45	158.95		10	15	5	7	6	6
47444	Humerus, shaft of, treatment of fracture of, not being a service to which item 47447 or 47450 applies	393	45	165.95		10	15	5	7	6	6
47453	Humerus, distal, (supracondylar or condylar), treatment of fracture of, not being a service to which item 47455 applies	1357	45	193.55		10	15	5	6	6	6
47462	Clavicle, treatment of fracture of, not being a service to which item 47465 applies	3613	30	82.90		10	15	5	6	5	5
47466	Sternum, treatment of fracture of, not being a service to which item 47467 applies	101	30	82.90		10	20	10	7	6	7

Emergency Medicine

Summary Sheet - Sorted by MBS Item No.

MBS Item	Truncated MBS Descriptor	Frequency	Anaesth . time (mins)	Schedule Fee	Rank (1- N)	Time Estimates (mins.)			Ratings of Intensity (1-10)		
						Pre Service	Intraservice	Post Service	skill/ Clinical judgement/ Communicat	skill/ Physical Effort	Stress due to risk
47471	Ribs (1 or more), treatment of fracture of - each attendance	1538		31.50		10	20	5	7	6	7
47474	Pelvic ring, treatment of fracture of, not involving disruption of pelvic ring or acetabulum	178		138.25		15	25	5	7	6	7
47543	Tibia, plateau of, treatment of medial or lateral fracture of, not being a service to which item 47546 or 4754	453	45	165.95		15	20	5	7	7	6
47561	Tibia, shaft of, treatment of fracture of, by cast immobilisation, not being a service to which item 4756	1453	45	200.45		10	35	5	7	6	6
47576	Fibula, treatment of fracture of	3972	30	82.90		10	25	5	7	6	6
47579	Patella, treatment of fracture of, not being a service to which item 47582 or 47585 apply	557	30	117.55		10	15	5	7	7	7
47594	Ankle joint, treatment of fracture of, not being a service to which item 47597 apply	3051	30	158.95		10	25	10	7	6	6
47606	Calcaneum or talus, treatment of fracture of, not being service to which item 47609, 47612, 47615 or 4761	983	45	172.85		10	25	10	7	7	6
47609	Calcaneum or talus, treatment of fracture of, by closed reduction, with or without dislocation (Assist.	52	45	259.25							
47627	Tarsus (excluding calcaneum or talus), treatment of fracture of	618	30	117.55							
47633	Metatarsal, 1 of, treatment of fracture of	5587	30	82.90		5	10	5	6	6	5
47636	Metatarsal, 1 of, treatment of fracture of, by closed reduction	438	30	124.45		5	15	10	7	6	5
47642	Metatarsals, 2 of, treatment of fracture of	361	30	110.60		5	10	5	7	6	5
47645	Metatarsals, 2 of, treatment of fracture of, by closed reduction	32	30	165.95		5	15	10	7	7	5
47651	Metatarsals, 3 or more of, treatment of fracture of	174	30	172.85		5	20	10	7	7	5
47654	Metatarsals, 3 or more of, treatment of fracture of, by closed reduction (Assist.)	22	30	259.25		5	20	10	7	7	5
47663	Phalanx of great toe, treatment of fracture of, by closed reduction	1211	30	103.75		5	15	10	7	7	5
47672	Phalanx of toe (other than great toe), 1 of, treatment of fracture of, by open reduction	266	45	82.90							
47678	Phalanx of toe (other than great toe), more than 1 of, treatment of fracture of, by open reductio	46	90	124.45							
47703	Skull, treatment of fracture of, each attendance	24		31.50		15	15	10	7	5	6

MBS Item	Truncated MBS Descriptor	Frequency	Anaesth . time (mins)	Schedule Fee	Rank (1- N)	Time Estimates (mins.)			Ratings of Intensity (1-10)		
						Pre Service	Intraservice	Post Service	skill/ Clinical judgement/ Communicat	skill/ Physical Effort	Stress due to risk
47735	Nasal bones, treatment of fracture of, not being a service to which item 47738 or 47741 applies - each	430		31.50		10	15	5	6	5	6
47904	Digital nail of toe, removal of, not being a service to which item 47906 applies:	18998	15	41.50		10	25	5	6	5	6
47912	Pulp space infection, paronychia of foot, incision for, not being a service to which another item in this Group	2892	30	41.50		10	25	5	7	7	6
47915	Ingrowing nail of toe, wedge resection for, including removal of segment of nail, unguis fold and portion	31758	30	124.45							
47916	Ingrowing nail of toe, partial resection of nail, including phenolisation but not including excision of nail bed	8391	30	62.50		10	20	5	7	7	6
50124	Joint or other synovial cavity, aspiration of, injection into, or both of these procedures; payable on not more than one occasion	364022	15	21.75		10	10	5	7	7	6
51300	Assistance at any operation under an item in group T8 identified by the word "Assist." for which the fee does not apply	32134		63.35							
51303	Assistance at any operation under an item in group T8 identified by the word "Assist." for which the fee does not apply	194698		149.22							
51306	Assistance at a delivery involving Caesarean section	12013		91.60							
51309	Assistance at a series or combination of operations which have been identified by the word "Assist." and for which the fee does not apply	414		128.43							
53400	Maxilla, unilateral or bilateral, treatment of fracture of, not requiring splinting	106		94.90							

4. Abbreviations and Glossary

4.1 Abbreviations

4.2 Glossary of terms and PRS definitions

4.1 ABBREVIATIONS

APPRMS	Advisory Panel on Professional Relativities in Medical Services
CCs	Clinician Consultants
CGs	Consensus Groups
CGAI	Consensus Groups on Attendance Items
CGPI	Consensus Groups on Procedural Items
CPT	Current Procedural Terminology (American Medical Association)
DHFS	Department of Health and Family Services
MBS	Medicare Benefits Schedule
MSRB	Medicare Schedule Review Board
MSRTF	Medicare Schedule Review Task Force
NCCH	National Centre for Classification in Health
PRS	Professional Relativities Study
PRTC	Professional Relativities Technical Committee
RBRV	Resource Based Relative Value
RBRVS	Resource Based Relative Value Scale
RVU	Relative Value Unit

4.2 GLOSSARY OF TERMS AND PRS DEFINITIONS

Anaesthetic Time	Anaesthetic time begins when the anaesthetist begins to prepare the patient for anaesthesia care in the operating room or in an equivalent area and ends when the anaesthetist is no longer in personal attendance, that is, when the patient may be safely placed under the supervision of other personnel.
Cognitive Skill Clinical Judgement Communication Skills	First component of intensity (PRS) <i>?)For procedures - rated only for “intra service” time, with an average taken for pre and post service times.</i>
Core Item	Items to be selected for development of RVU estimates
Current Procedural Terminology	System for coding physician services developed by the American Medical Association to file claims with Medicare and other third-party payers; level 3 of the HCFA Common Procedure Coding System (HCPCS) ¹ The CPT is a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians ²
Direct Time	Face-to-face time with patient.
Extrapolation	Projection from known results to unknown cases where the unknown cases lie outside the range of the known cases
Indirect Time	Non face-to-face patient related time
Interpolation	Projection of known results to unknown cases where

	the unknown cases lie within the range of the known cases
Intensity	<p>The three components of intensity for the purpose of the PRS are:</p> <ul style="list-style-type: none"> i cognitive skill, clinical judgement and communication skills ii technical skill and physical effort iii stress due to risk - risk to patient and/or difficulty of procedure
Intra Service Time	<p>For procedures: time in which the service provider is in direct contact with the patient in the procedure room. <i>? For most procedures this would be ‘skin to skin’ time ie. opening to closing. For others it would include positioning of the patient.</i></p> <p>For consultations: Face-to-face time with the patient (excluding pre-service time)</p>
Linking Specialties	<p>Where the same procedure is carried out by different specialties or the items are of equal professional work.</p> <p>Two approaches for data linking are possible:</p> <ul style="list-style-type: none"> i MBS items carried out by different specialties ii linking different item numbers
Mapping	<p>The term ‘mapping’ refers to the process of finding an ‘equivalent’ code between two classifications enabling interpretation of one classification to the other³</p>
Post Service Time	<p>For procedures: Closure or end of service to completion of of normal “after care”.</p>

? *Includes Recovery, ICU, CCU.*

For consultations: Time spent on specific service after cessation of face-to-face contact.

All times must involve the doctor in direct or indirect activity with respect to the specific patient and item

Pre-Service Time	Time taken to prepare for a specific service. <i>? For procedures includes dress, scrub and wait .</i>
Ranking	Placing items in order eg 1-N
Rating	Giving a score on a predetermined scale e.g. 1-10 or 1-100
Regression Analysis	Determination of the relationship between a dependent variable and a number of other variables (independent variables) by statistical means
Relative Value Scale (U.S. Definition)	An index of physicians' services ranked according to "value", with value defined according to the basis for the scale. In a charge-based relative value scale, services are ranked according to the average fee for the service or some other charge basis. A resource-based relative value scale ranks services according to the relative costs of the resources required to provide them. ²
Remaining item	Non-core item
Resource Based Relative Value Scale (U.S. Definition)	A relative value scale based on the resource costs of providing physician services; adopted in OBRA 89 as the basis for physician payment for Medicare Part

	B services effective January 1, 1992. The relative value of each service is the sum of relative value units (RVUs) representing physician work, practice expense, and professional liability insurance (PLI) adjusted for each locality by a geographic adjustment factor and converted into dollar payment amounts by a conversion factor ²
Technical Skill Physical Effort	Second component of intensity (PRS) <i>? For procedures - rated only for "intra service" time, with an average taken for pre and post service times.</i>
Relative Value Unit	The unit of measure for the professional work component in the Relative Value Study.
Stress Due To Risk	Third component of intensity (PRS) Includes stress due to risk to patient and/or difficulty of procedure <i>? For procedures - rated only for "intra service" time, with an average taken for pre and post service times.</i>
Time	Total service time incorporates both patient related (face-to-face) and (non face-to-face) direct and indirect time.
Total work	Time + Intensity

¹ American Medical Association - Medicare RBRVS: The Physicians Guide - 1997

² American Medical Association - Physicians Current Procedural Terminology - 1997

³ National Coding Centre - Coding Matters Vol. 2, No.4 April 1996

5. Literature

- 5.1 Measurement and analysis of intraservice work
(Hsiao, W.C. et al, 28 October 1988)
- 5.2 An overview of the development and refinement of the
Resource-Based Relative Value Scale
(Hsiao, W.C. et al, November 1992)
- 5.3 Assessing the implementation of physician-payment
reform
(Hsiao, W.C. et al, 1 April 1995)
- 5.4 Valuing medical work
(Deeble, J.S, 1 July 1996)
- 5.5 Predicting the Work of Evaluation and Management
Services
(Braun, P. et al, November 1992)