

NEW MEDICARE ITEMS FOR CONSULTANT PHYSICIANS

In the 2007-08 Budget, the Australian Government committed funding of \$291.3million over four years for the introduction of two new Medicare Benefits Schedule (MBS) items, to support better provision of health services to patients with chronic and complex conditions.

Two new items will be introduced for longer attendances by consultant physicians, where a comprehensive assessment of the patient is completed and a consultant physician treatment and management plan is developed.

The items have been developed in close consultation with the Australian Association of Consultant Physicians and the Australian Medical Association, and will be available for use from 1 November 2007.

PURPOSE OF THE ITEMS

To increase the accessibility and affordability of consultant physician (CP) services for patients with multiple morbidities.

The higher Medicare fee recognises and remunerates CPs for the additional time and complexity involved in treating patients with multiple morbidities

The higher fee will provide an incentive for CPs to practise in the non-procedural specialties, and to encourage new medical graduates to undertake training in these specialties.

SUMMARY OF THE ITEMS

Patients with at least two morbidities, including complex congenital, behavioural or developmental conditions, are eligible for treatment under these items.

All patients must be referred to the CP by their general practitioner (GP) or specialist.

CPs will provide the CP treatment and management plan to the referring practitioner to assist in the patient's long-term management.

Where the patient is being managed under an Enhanced Primary Care (EPC) GP management or team care plan, the action taken by the CP should be to augment those plans. The CP can make suggestions regarding the EPC care plan if, in his or her judgement, the plan needs to be modified.

The items cannot be claimed on the same day that a patient has been billed for an item 110, 116 or 119 consultation by the same CP.

SPECIFIC ITEM REQUIREMENTS

Item 132 (initial patient assessment)

- Must be of at least 45 minutes duration.
- Can only be claimed once in a twelve month period by the same CP for each patient.
- The Medicare fee is \$238.30.
- The CP is required to:
 - Conduct a comprehensive assessment of the patient, including a psychosocial history and medication review;
 - Formulate differential diagnoses; and
 - Develop a consultant physician treatment and management plan for the patient.

Item 133 (patient review)

- Must be of at least 20 minutes duration.
- Can only be claimed twice in a twelve month period by the same CP for each patient.
- The Medicare fee is \$119.30.
- The CP is required to:
 - Review the patient's response to the initial treatment and management plan (including the original and differential diagnoses); and
 - Modify the patient's treatment and management plan where necessary.

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TREATMENT & MANAGEMENT PLAN

The development and modification of the treatment and management plan must include:

- An opinion on diagnosis and risk assessment;
- Treatment options and decisions; and
- Medication recommendations.

FURTHER INFORMATION

More detailed information on these items can be obtained by calling the Medicare Provider Hotline on 132 150 (for practitioners) or 132 011 (for patients).

From 1 November 2007, the item descriptors and explanatory notes can be downloaded from the MBS online website at:

www.mbsonline.gov.au