

**The Australian Government
Department of Health and Ageing**

**Supplement to the
Medicare Benefits Schedule**

Of 1 November 2007

Effective 1 May 2008

Medicare Benefits Schedule Supplement - effective 1 May 2008

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SUPPLEMENT TO 1 NOVEMBER 2007 MEDICARE BENEFITS SCHEDULE

AMENDMENTS EFFECTIVE 1 MAY 2008

This supplement provides details of changes to the 1 November 2007 edition of the Medicare Benefits Schedule. Any item not included in this supplement remains as it is shown in the 1 November 2007 Schedule.

At the time of printing, the relevant legislation giving authority for the changes included in this supplement may still be subject to the approval of Executive Council and the usual Parliamentary scrutiny.

MEDICARE SAFETY NET

The difference between the Medicare rebate and the schedule fee for out-of-hospital Medicare services counts towards the Medicare Benefits safety net threshold. Once the threshold of \$365.70 is reached by a registered family or individual in a calendar year, patients are reimbursed 100% of the Schedule fee rather than the standard Medicare benefit of 85% for all other Medicare services for the remainder of the calendar year.

The Medicare safety net threshold increased with effect from 1 January 2008.

EXTENDED MEDICARE SAFETY NET

The extended Medicare safety net meets 80% of the out-of-pocket costs (ie the difference between the fees charged and the Medicare benefits paid) for out-of-hospital Medicare services, once an annual threshold of \$529.30 for registered families in receipt of Family Tax Benefit (A) and concession card holders, or \$1,058.70 for all other individuals and families is reached. These thresholds were increased with effect from 1 January 2008.

Individual and family safety net thresholds are calculated and monitored by Medicare Australia. Individuals are automatically registered with Medicare for the safety net threshold and families are required to register with Medicare to be eligible.

Safety net thresholds include out-of-pocket expenses for all out-of-hospital Medicare services accrued from 1 January 2008. Once an individual or family has reached the relevant threshold claims will be paid at the higher rate for the remainder of the calendar year.

The existing Medicare Benefits safety net will continue to operate in conjunction with the extended Medicare safety net.

AMENDMENTS TO GENERAL MEDICAL SERVICES

The changes involve the following areas of the Schedule:-

A.41 Provision of Focussed Psychological Strategies (Items 2721 - 2727)

Focussed psychological strategies are specific mental health care management strategies, derived from evidence based psychological therapies that have been shown to integrate the best research evidence of clinical effectiveness with general practice clinical expertise. The decision to recommend Focussed Psychological Strategies to a patient must be made either in the context of a 3 Step Mental Health Process (former items 2574, 2575, 2577, 2578 and 2704, 2705, 2707 and 2708), a GP Mental Health Care Plan or a Psychiatrist Assessment and Management Plan.

Minimum Requirements

All consultations providing Focussed Psychological Strategies must be rendered by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician). The service must be provided from a general practice that is either participating in the PIP or which is accredited.

To ensure appropriate standards for the provision of Focussed Psychological Strategies, payment of Medicare rebates for these items will be limited to medical practitioners who are registered with Medicare Australia as having satisfied the requirements for higher level mental health skills for provision of the service, as determined by the General Practice Mental Health Standards Collaboration.

Continued access to item numbers 2721 - 2727 will be dependent on the practitioner meeting the ongoing mental health education requirements as determined by the General Practice Mental Health Standards Collaboration.

Patients will in general be permitted to claim Medicare rebates for up to 12 allied mental health services (comprising two groups of up to six sessions) under these item numbers per calendar year. The 12 services may consist of: GP focussed psychological strategies services (items 2721 to 2727); and/or psychological therapy

services (items 8000 to 80015); and/or focussed psychological strategies – allied mental health services (items 80100 to 80115; 80125 to 80140; 80150 to 80165 and/or Access to Allied Psychological Services (ATAPS) consultations under the Better Outcomes in the Mental Health Care Program.

The referring practitioner may consider that in exceptional circumstances the patient may require an additional 6 services above those already provided (to a maximum total of 18 individual services per patient per calendar year). After one group of six services, the practitioner managing either the 3 Step Mental Health Process, GP Mental Health Care Plan or Psychiatrist Assessment and Management Plan must conduct a review, and the conclusion of the review be noted in the patient's record, before a further 6 services may be provided in the case of exceptional circumstances. Exceptional circumstances are defined as a significant change in the patient's clinical condition or care circumstances which make it appropriate and necessary to increase the maximum number of services. It is up to the referring practitioner to determine that that patient meets these requirements. Invoices for services provided under exceptional circumstances must state that exceptional circumstances apply.

Out-of-Surgery Consultation

It is expected that this service would be provided only for patients who are unable to attend the practice.

Specific Focussed Psychological Strategies

A range of acceptable strategies has been approved for use by medical practitioners in this context. These are:

- 1. Psycho-education**
(including motivational interviewing)
- 2. Cognitive-behavioural Therapy including:**
 - **Behavioural interventions**
 - Behaviour modification
 - Exposure techniques
 - Activity scheduling
 - **Cognitive interventions**
 - Cognitive therapy
- 3. Relaxation strategies**
 - Progressive muscle relaxation
 - Controlled breathing
- 4. Skills training**
 - Problem solving skills and training
 - Anger management
 - Social skills training
 - Communication training
 - Stress management
 - Parent management training
- 5. Interpersonal Therapy**

Mental Disorder

A mental disorder may be defined as a significant impairment of an individual's cognitive, affective and/or relational abilities which may require intervention and may be a recognised, medically diagnosable illness or disorder – this definition is informed by the World Health Organisation, 1996, Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD - 10 Chapter V Primary Health Care Version.

Dementia, delirium, tobacco use disorder and mental retardation are not regarded as mental disorders for the purposes of these items.

T8.78 Imbedded Foreign Body (Item 42644) - formerly Note T8.82 as printed in the 1 Nov 2007 MBS.

For the purpose of item 42644, an imbedded foreign body is one that is sub-epithelial or intra-epithelial and requires surgical removal using a hypodermic needle, foreign body gouge or similar instrument with magnification provided by a slit lamp biomicroscope, loupe or similar device.

Item 42644 also provides for the removal of rust rings from the cornea, which requires the use of a dental burr, foreign body gouge or similar instrument with magnification by a slit lamp biomicroscope.

AMENDMENTS TO PATHOLOGY SERVICES NOTES

The changes involve amendments to the Pathology area of the Schedule.

PA.2 Exceptions to Basic Requirements

Services Where Request Not Required

A written request is not required for -

(c) That is specified in one of the antigen detection items 69494, 69495 or 69496 is considered necessary by the specialist pathologist as a consequence of information provided by the requesting practitioner or by the nature or appearance of the specimen or as a consequence of information resulting from a pathology service contained in items 69303, 69306, 69312, 69318, 69321, 69345. Please note: a written request is required for a service contained in items 69303, 69306, 69312, 69318, 69321, 69345 or for a service contained in items 69494, 69495 or 69496.

Referral From An Approved Pathology Practitioner To Another Approved Pathology Practitioner

Notes:

(iii) in the case of "designated pathology services" 65150, 65175, 66650, 66695, 66711, 66722, 66785, 66800, 66812, 66819, 66825, 69384, 69494, 71089, 71153 or 71165 a patient episode initiation fee (PEI) is payable for the services provided by the laboratory which receives the original request and performs one or more of the estimations. However, no PEI is payable for services provided by the other laboratory which performs the remainder of the estimations. A "specimen referred fee" is payable instead. One Approved Pathology Practitioner cannot claim both a PEI and a "specimen referred fee" in relation to the same patient episode.

PE.2 Exemptions

Some items are not included in the count of the items performed when applying episode coning. The items which have been exempted from the cone include all the items identified in Rule 18.(1)(d) and (e).

PF.3 Patient Episode Initiation Fees for Certain Tissue Pathology and Cytology Items

Tissue Pathology items 72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72830 and 72836 and Cytology items 73053, 73055 and 73057 will be subject to a different patient episode initiation fee structure - items 73922 to 73939 refer.

PN.1 Health Insurance Regulations

The *Health Insurance Act 1973* allows the Minister for Health and Ageing to determine an appropriate Pathology Services Table which is then prescribed by Regulation.

The Minister has established the Pathology Services Table Committee (PSTC) to assist in determining changes to the Table (except new medical services and technologies - see below). Any person or organisation seeking to make a submission to this Committee can contact the PSTC Secretariat on (02) 6289 4080 or e-mail pstc.secretariat@health.gov.au and/or write to: Secretary, PSTC, MDP 107, Department of Health and Ageing, GPO Box 9848, CANBERRA ACT 2601.

PO.10 Designated Pathology Service

This means a pathology service specified in items 650150, 65175, 66650, 66695, 66711, 66722, 66785, 66800, 66812, 66819, 66825, 69384, 69494, 71089, 71153 or 71165. Where one Approved Pathology Practitioner in an Approved Pathology Authority has performed some but not all the estimations in a coned item and has requested another Approved Pathology Practitioner in another Approved Pathology Authority to do the rest, the service provided by the second practitioner is deemed to be the "designated pathology service". Thus the first practitioner claims under the appropriate item for the services which he/she provides while the second practitioner claims one of items 66713, 66737, 66809, 66818 or 69402. Where one Approved Pathology Practitioner in an Approved Pathology Authority has performed some, but not all estimations and has requested another Approved Pathology Practitioner in another Approved Pathology Authority to do the remainder, the first Approved Pathology Practitioner can raise a "patient episode initiation fee". The second Approved Pathology Practitioner who receives the specimen can raise a "specimen referred fee".

PP.7 Human Immunodeficiency Virus (HIV) Diagnostic Tests (included in items 69384, 69387, 69390, 69393, 69396, 69399, 69405, 69408, 69411, 69413, 69415)

Prior to ordering an HIV diagnostics tests (included in items 69384, 69387, 69390, 69393, 69396, 69399, 69405, 69408, 69411, 69413, 69415) the ordering practitioner should ensure that the patient has given informed consent. Appropriate discussion should be provided to the patient. Further discussion may be necessary upon receipt of the test results.

PR.1 Complexity Levels

Only one of these histopathology examination items (72813, 72816, 72817, 72818, 72823, 72824, 72825, 72826, 72830 and 72836) can be claimed in a patient episode.

PX. PATHOLOGY SERVICES TABLE

Investigation for hepatitis serology

11. A medicare benefit is not payable in respect of more than one of items 69475, 69478 and 69481 in a patient episode.

13. (1) For items in Group P5 (Tissue pathology):

(a) **biopsy material** means all tissue received by the Approved Pathology Practitioner:

- (i) from a medical procedure or group of medical procedures performed on a patient at the same time; or
- (ii) after being expelled spontaneously from a patient.

Certain pathology services to be treated as 1 service

18. (1) In this rule:

- (d) excludes services referred to in an item in Group P10, Group P11 or Group P12, items 69484, 73053 and 73055; and

Limitation on certain items

- 25.**
- (a) For any particular patient, items 66539, 66605, 66606, 69419, 69488, 69489, 71075, 71127, 71135 or 71137 is applicable not more than twice in a 12 month period.
 - (b) For any particular patient, item 66626 is applicable not more than 36 times in a 12 month period.
 - (c) For any particular patient, items 66655, 66659, 69482, 69491 or 69492, 69499 or 69500 are applicable not more than once in a 12 month period.
 - (d) For any particular patient, item 66750 or 66751 is applicable not more than once in a pregnancy.
 - (e) For any particular patient, item 69336 is applicable not more than once in each period of 7 days.
 - (f) For any particular patient, items 66551, 69445, 69451, 69483, 71079, or 73314, 73315, 73523 are applicable not more than 4 times in a 12 month period.
 - (g) For any particular patient, items 66554, 66830 and 71077 are applicable not more than 6 times in a 12 month period.
 - (h) For any particular patient, item 66819, 66820, 66821, 66822, 66825, 66826, 66827 or 66828 is applicable not more than 3 times in a 6 month period.
 - (i) For any particular patient, item 69418 is applicable not more than twice in a 24 month period.

SUMMARY OF CHANGES

The 1 May 2008 changes to the MBS are summarised below and are identified in the Schedule pages by one or more of the following symbols appearing above the item number:-

- ‡ Amended description
- + Amended fee

Amended Description

65078 65081 65084 66626 65087 69378 69415 69475 69478 69481 69484

Amended fee

65084 65087 69387 69390 69393 69396 69399 69401 69408 69411 69413 69415

SPECIAL ARRANGEMENTS - TRANSITIONAL PERIOD

Where the description, item number or Schedule fee for an item has been amended the following rule will apply:-

If the item refers to a service in which treatment continues over a period of time in excess of one day and the treatment commenced before 1 May 2008 and continues beyond that date, the old (1 November 2007) item, fee and benefit levels will apply. In any other case the date the service is rendered will determine which item and fee is applicable.

PATHOLOGY	PATHOLOGY
GROUP P1 - HAEMATOLOGY	
‡ 65078	<p>Tests for the diagnosis of thalassaemia consisting of haemoglobin electrophoresis or chromatography and at least 2 of:</p> <p>(a) examination for HbH; or (b) quantitation of HbA2; or (c) quantitation of HbF;</p> <p>including (if performed) any service described in item 65060 or 65070</p> <p>Fee: \$91.75 Benefit: 75% = \$68.85 85% = \$78.00</p>
‡ 65081	<p>Tests for the investigation of haemoglobinopathy consisting of haemoglobin electrophoresis or chromatography and at least 1 of:</p> <p>(a) heat denaturation test; or (b) isopropanol precipitation test; or (c) tests for the presence of haemoglobin S; or (d) quantitation of any haemoglobin fraction (including S, C, D, E);</p> <p>including (if performed) any service described in item 65060, 65070 or 65078</p> <p>Fee: \$98.25 Benefit: 75% = \$73.70 85% = \$83.55</p>
‡ + 65084	<p>Bone marrow trephine biopsy - histopathological examination of sections of bone marrow and examination of aspirated material (including clot sections where necessary), including (if performed): any test described in item 65060, 65066 or 65070</p> <p>Fee: \$163.70 Benefit: 75% = \$122.80 85% = \$139.15</p>
GROUP P2 - CHEMICAL	
‡ 66626	<p>Detection or quantitation or both (not including the detection of nicotine and metabolites in smoking withdrawal programs) of a drug, or drugs, of abuse or a therapeutic drug, on a sample collected from a patient participating in a drug abuse treatment program; but excluding the surveillance of sports people and athletes for performance improving substances; including all tests on blood, urine or other body fluid (Item is subject to rule 25)</p> <p>Fee: \$24.55 Benefit: 75% = \$18.45 85% = \$20.90</p>
‡ + 65087	<p>Bone marrow - examination of aspirated material (including clot sections where necessary), including (if performed): any test described in item 65060, 65066 or 65070</p> <p>Fee: \$79.50 Benefit: 75% = \$59.65 85% = \$67.60</p>
GROUP P3 - MICROBIOLOGY	
‡ 69378	<p>Quantitation of HIV viral RNA load in plasma or serum in the monitoring of a HIV sero-positive patient not on antiretroviral therapy - 1 or more tests</p> <p>Fee: \$181.45 Benefit: 75% = \$136.10 85% = \$154.25</p>
+ 69387	<p>2 tests described in item 69384</p> <p>(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 2 estimations specified on the request form or performs 2 of the antibody estimations specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6) (See para PP.7 and PP.13 of explanatory notes to this Category)</p> <p>Fee: \$29.20 Benefit: 75% = \$21.90 85% = \$24.85</p>
+ 69390	<p>3 tests described in item 69384</p> <p>(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 3 estimations specified on the request form or performs 3 of the antibody estimations specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6) (See para PP.7 and PP.13 of explanatory notes to this Category)</p> <p>Fee: \$42.65 Benefit: 75% = \$32.00 85% = \$36.30</p>
+ 69393	<p>4 tests described in item 69384</p> <p>(This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 4 estimations specified on the request form or performs 4 of the antibody estimations specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6) (See para PP.7 and PP.13 of explanatory notes to this Category)</p> <p>Fee: \$56.10 Benefit: 75% = \$42.10 85% = \$47.70</p>

PATHOLOGY		PATHOLOGY	
	5 tests described in item 69384 (This fee applies where 1 laboratory, or more than 1 laboratory belonging to the same APA, performs the only 5 estimations specified on the request form or performs 5 of the antibody tests specified on the request form and refers the remainder to the laboratory of a separate APA) (Item is subject to rule 6) (See para PP.7 and PP.13 of explanatory notes to this Category)		
+ 69396	Fee: \$69.55	Benefit: 75% = \$52.20	85% = \$59.15
+ 69399	6 or more tests described in item 69384 (Item is subject to rule 6) (See para PP.7 and PP.13 of explanatory notes to this Category)	Fee: \$83.00	Benefit: 75% = \$62.25 85% = \$70.55
+ 69401	A test described in item 69384, other than that described in 69400, if rendered by a receiving APP - each test to a maximum of 5 tests (Item is subject to rule 6 and 18)	Fee: \$13.45	Benefit: 75% = \$10.10 85% = \$11.45
+ 69408	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of 2 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481 (See para PP.7 and PP.13 of explanatory notes to this Category)	Fee: \$29.20	Benefit: 75% = \$21.90 85% = \$24.85
+ 69411	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of 3 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481 (See para PP.7 and PP.13 of explanatory notes to this Category)	Fee: \$42.65	Benefit: 75% = \$32.00 85% = \$36.30
+ 69413	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of 4 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481 (See para PP.7 and PP.13 of explanatory notes to this Category)	Fee: \$56.10	Benefit: 75% = \$42.10 85% = \$47.70
‡ + 69415	Microbiological serology during a pregnancy (except in the investigation of a clinically apparent intercurrent microbial illness or close contact with a patient suffering from parvovirus infection or varicella during that pregnancy) including: (a) the determination of all 5 of the following - rubella immune status, specific syphilis serology, carriage of Hepatitis B, Hepatitis C antibody, HIV antibody and (b) (if performed) a service described in 1 or more of items 69384, 69475, 69478 and 69481 (See para PP.7 and PP.13 of explanatory notes to this Category)	Fee: \$69.55	Benefit: 75% = \$52.20 85% = \$59.15
‡ 69475	One test for hepatitis antigen or antibodies to determine immune status or viral carriage following exposure or vaccination to Hepatitis A, Hepatitis B, Hepatitis C or Hepatitis D (Item subject to rule 11)	Fee: \$15.75	Benefit: 75% = \$11.85 85% = \$13.40
‡ 69478	2 tests described in 69475 (Item subject to rule 11)	Fee: \$29.45	Benefit: 75% = \$22.10 85% = \$25.05
‡ 69481	Investigation of infectious causes of acute or chronic hepatitis - 3 tests for hepatitis antibodies or antigens, (Item subject to rule 11) (See para PP.8 of explanatory notes to this Category)	Fee: \$40.80	Benefit: 75% = \$30.60 85% = \$34.70
‡ 69484	Supplementary testing for Hepatitis B surface antigen or Hepatitis C antibody using a different assay on the specimen which yielded a reactive result on initial testing (Item is subject to rule 18)	Fee: \$17.20	Benefit: 75% = \$12.90 85% = \$14.65