

MBS Item Numbers

How to Use These Resources

This website summarises¹ the new MBS items and groups them into eight categories:

1. Health assessment
2. Prevention
3. Care planning and case conferencing
4. Allied and dental health
5. Service Incentive Payments
6. Mental health
7. Quality use of medicines
8. Bulk billing incentives

It also provides some information about the Medicare system, and key web links for more information about the items.

Investigating the relevance of new MBS items to your clients

Health services funded through the MBS could help to address the identified health priorities of clients of individual agencies or, more broadly, of the population of a particular community or region.

To understand which new MBS item numbers are relevant to clients, health services need to:

- Determine which of their clients may be eligible for and would benefit from services remunerated by certain item numbers
- Look up and understand the formal business rules and explanatory notes associated with each item number (you can easily read through the formal business rules of an item number by logging on to www9.health.gov.au/mbs and entering the relevant item number. Alternatively, you can refer to entering the relevant item number. Alternatively, you can refer to the Medicare Benefits Schedule (MBS) book and/or to the Allied Health and Dental

¹ All information provided on this website is current as at 1 June 2008. Health professionals intending to use these items should refer to the Medicare Benefits Schedule (MBS) book or to the Allied Health Services MBS booklet for more comprehensive information, including the MBS requirements for each item. Alternatively, they can search for specific items at www9.health.gov.au/mbs or telephone Medicare Australia on 03 9605 7964 or contact their local division of general practice.

Services MBS booklet, ring Medicare Australia on 03 9605 7964, or contact the local division of general practice). You should pay particular attention to:

- steps that must be taken, or services that must be that must be delivered, before an MBS item number can be claimed
- rules relating to the frequency of service – that is, how often an agency can claim a particular MBS item number
 - hint: If you are not sure whether the relevant MBS item number has been paid for a client in the past, or would like to know when the last time was that it was paid, the client or their carer/representative can check with Medicare by ringing 132011 and quoting their Medicare number. This is often done in a consulting room with the provider present.
- what the roles of each provider will be in providing the service in your agency (GP, practice nurse, AHW...), and agreeing on protocols with providers
- Construct or modify service models that incorporate item/s, ensuring that services are still available for clients who may not be eligible for MBS-rebateable services. This is often facilitated through the existence of, or development of, partnerships with other health service provider organisations (see below – partnerships). Services attracting MBS rebates for clients may be based on
 - Virtually integrated arrangements eg: state-funded services and private practices working together via agreed service pathways, but not physically collocated
 - Physically collocated private and state-funded services
 - Private practitioners working from within state-funded services
 - State-funded service staff working from within private practices
- Decide where services should be delivered from eg: community health, or from private practices. Considerations such as where clients currently go for services, where practitioners are prepared to practice, and where there is space will influence this decision
- Ensure that any services provided by the agency that attract a Medicare benefit are documented in the client's notes. In the event of a Medicare Australia audit of your records, you may need to provide proof of service delivery and compliance with the business rules associated with particular item numbers.

The community health sector will be notified of additions and modifications to the MBS Project website through the Department of Human Services' weekly Primary Care Bulletin.

The Centrality of Partnerships

Partnerships with other providers and organisations such as divisions of general practice are crucial when investigating new service models that incorporate MBS item numbers. The Primary Care Partnership (PCP) Strategy has demonstrated that when providers work in partnership, they can better respond to people's needs. Older people, people from disadvantaged backgrounds and people with chronic and/or complex health and care needs can particularly benefit from more cooperative approaches - when providers work together, it is easier for consumers to navigate the service system and to receive the mix of services they need, whether provided 'privately' or 'publicly' and whether the main funding source is from the State or the Commonwealth. When agencies implement systemic improvements, they may also reap efficiencies that allow them to provide more services.

Key Definitions

Chronic disease

For the purposes of the GP-led care planning items, the Commonwealth defines a chronic medical condition as one that has been or is likely to be present for six months or longer, including but not limited to asthma, cancer, cardiovascular illness, diabetes mellitus, musculoskeletal conditions and stroke. For further guidance, see 'Consolidated Questions and Answers' at www.health.gov.au/internet/main/publishing.nsf/Content/pcd-programs-epc-chronicdisease

Complex care needs

Examples of complex care needs (for the purposes of determining eligibility for Team Care Arrangements #723 and, subsequently, MBS-rebateable allied health services) include:

- little or no capacity to access or receive needed services by the usual referral process
- an unstable or deteriorating condition and/or co-morbidities
- increasing frailty and/or dependence
- increasing incidence and/or complexity of health problems
- complications, including falls or incontinence
- significant change in social circumstances (such as death, illness or 'burnout' of carer)
- two or more hospital admissions for their chronic condition in the past six months
- inability to comply with required treatment without ongoing management and coordination
- a need to see other providers on regular, frequent and ongoing basis to manage the chronic condition (as distinct from one or two visits for one specific treatment).

Aboriginal and/or Torres Strait Islander

For the purposes of EPC health check items, a person is an Aboriginal and/or Torres Strait Islander if they identify themselves as being of Aboriginal and/or Torres Strait Islander descent, or are identified as such by their parent or carer. Clients or their parent or carer should be asked to identify their Aboriginal and/or Torres Strait Islander status for the purpose of these items either verbally or by completing a form.

Refugee or humanitarian entrant

For the purposes of EPC health check items, a person is a refugee or humanitarian entrant if they provide proof of arrival in Australia in the last 12 months and proof of holding one of the following visas: Offshore Refugee Category including: 200 Refugee, 201 In Country Special Humanitarian, 202 Global Special Humanitarian, 203 Emergency rescue, 204 Women at Risk, 447 Secondary Movement Offshore Entry Temporary, 451 Secondary Movement Relocation Temporary, 785 Temporary Protection Visa (TPV), 786 Temporary Humanitarian Concern, 866 Permanent protection Visa (PPV).

Intellectual disability

For the purposes of EPC health check items, a person will be deemed to have an intellectual disability if they have significantly sub-average general intellectual functioning (two standard deviations below the average intelligence quotient (IQ)) and would benefit from assistance with daily living activities. Where GPs wish to confirm intellectual disability and a client's need for assistance with activities of daily living, they may seek verification from a paediatrician registered to practice in Australia or from a government-provided or funded disability service that has assessed the person's intellectual function.