

Service Incentive Payments (SIPs) Summary of MBS item numbers

Service type →	Provision of good care for a patient with diabetes mellitus ¹ (Completion of a diabetes cycle of care)	Provision of best practice care for a patient with moderate to severe ² asthma (Completion of an asthma cycle of care)	Provision of a cervical cancer screening service for a woman who is unscreened or significantly underscreened ³
Patient eligibility →	Patient has been diagnosed with diabetes mellitus	Patient has been diagnosed with moderate to severe ² asthma	Patient is female, has a cervix, has had intercourse, is aged 20-69 inclusive, and has not had a cervical smear within the last four years
MBS Item Numbers ⁴ if cycle is completed in consulting rooms →	Level 'B' type attendance #2517 Level 'C' type attendance #2521 Level 'D' type attendance #2525	Level 'B' type attendance #2546 Level 'C' type attendance #2552 Level 'D' type attendance #2558	Level 'A' type professional attendance #2497 Level 'B' type professional attendance #2501 Level 'C' type professional attendance #2504 Level 'D' type professional attendance #2507 If the service is performed by a Practice Nurse, it is appropriate to claim #10995 or #10999 instead of one of the items above (see Prevention section)
MBS Item Numbers ⁴ if cycle is completed out-of-surgery →	Level 'B' type attendance #2518 Level 'C' type attendance #2522 Level 'D' type attendance #2526	Level 'B' type attendance #2547 Level 'C' type attendance #2553 Level 'D' type attendance #2559	Level 'B' type professional attendance #2503 Level 'C' type professional attendance #2506 Level 'D' type professional attendance #2509
Additional Billing Information →	All visits as part of the cycle of care should be billed under normal/usual attendance items, with the exception of the visit that <u>completes</u> all of the minimum requirements of the relevant annual cycle of care. This 'completing' visit should be billed using one of the item numbers listed above, which will trigger an incentive payment through the Practice Incentives Program (PIP) in addition to attracting the usual Medicare rebate.		Any of the GP items above, or the practice nurse (PN) cervical screening items (#10995 or #10999), will trigger an incentive payment through the Practice Incentives Program (PIP) in addition to attracting the usual Medicare rebate.

Note: Remuneration through Service Incentive Payment (SIP) MBS item numbers are only payable when provided by a general practice clinic which is registered with and participating in the Practice Incentives Program (PIP). For further information about the PIP, see www.medicareaustralia.gov.au/pip or phone 1800 222 032.

¹ The requirements for claiming this item are the minimum needed to provide good care for a patient with diabetes. Additional levels of care will be needed by insulin-dependent patients and those with abnormal review findings, complications and/or co-morbidities. Refer to clinical guidelines at www.racgp.org.au/guidelines/diabetes

² Generally, patients who meet the following criteria can be assumed to have been assessed as having moderate to severe asthma: symptoms on most days OR use of preventer medication OR bronchodilator use at least 3 times per week OR hospital attendance or admission following an acute exacerbation of asthma.

³ For the purposes of this Medicare item number, an 'unscreened or under screened' patient is defined as a woman aged 20-69, with a cervix, who has had intercourse, and who has not had a Pap test in the last four years.

⁴ Note that these MBS item numbers are claimable for services provided by General Practitioners, as defined within Note 4 (General Practice) of the MBS. Practicing community medical practitioners who are not Vocationally Registered (VR) are able to access remuneration for these initiatives through other item numbers. In surgery, the corresponding item numbers are #2620, #2622, and #2624 for diabetes; #2664, #2666 and #2668 for asthma; and #2598, #2600, #2603 and #2606 for cervical cancer screening. Out of surgery, the corresponding item numbers are #2631, #2633 and #2635 for diabetes; #2673, #2675 and #2677 for asthma; and #2610, #2613 and #2616 for cervical cancer screening. See www9.health.gov.au/mbs for a detailed description of these items for non-VR medical practitioners.

All information is current as at September 2008. Health professionals intending to use these items should refer to the Medicare Benefits Schedule (MBS) book or to the Allied Health and Dental 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 the local Division of General Practice.