



# Removal of Administrative Block to Allow Patients to Claim MBS Rebates for Consultations with General Practitioners (GPs) During the 'Aftercare' Period

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Effective from 1 November 2017

## What do the changes involve?

It is a principle of the MBS that 'aftercare' services—that is, medical treatment directly related to a patient's recovery from surgery—should be provided by the surgeon, and that the cost of these services should be covered by the fee for the original procedure. For these reasons, there is currently an administrative block on a patient claiming Medicare benefits for other MBS services provided to them in the aftercare period, the length of which varies depending on the type of procedure.

The current administrative block means that if a patient has an unrelated consultation with their GP following a procedure provided by a specialist, their claim may be automatically rejected by the Department of Human Services. As most of these claims are for MBS services unrelated to the operation, they are subsequently paid following a re-submission of the claim to the Department of Human Services. The current arrangements are cumbersome for patients and providers.

## Why is the Government making this change?

The changes to aftercare arrangements will allow patients access to MBS rebates for GP consultations during an aftercare period, where the operation was performed by another practitioner. This change is based on a recommendation of the Medicare Benefits Schedule Review Taskforce.

## What does this mean for MBS claiming?

Under the new aftercare arrangements, practitioners, who perform the original procedure will still be required to provide normal aftercare services to their patients. However, patients will be able to claim MBS benefits for consultations with other GPs during the aftercare period of an operation, without having to resubmit the claim.

Please note that where the same GP provides the procedure and the consultation service, the aftercare rules will still apply. Where this is the case, the GP will need to advise if the consultation is not considered to be normal aftercare for the procedure in order for the consultation item to attract a Medicare benefit.

For patients who see a specialist during their aftercare period for a condition that is unrelated to their recent procedure, as per usual arrangements, the practitioner will need to advise that the consultation is 'not normal aftercare' when submitting their claim. The Department of Human Services website provides further information about aftercare periods for specialists.