

# **NEW CONSULTANT PHYSICIAN ITEMS 132 AND 133**

## **Questions and Answers**

### **What are the new consultant physician items?**

Two new consultant physician items - items 132 and 133 – providing higher Medicare benefits for long and comprehensive consultations by consultant physicians will be available on the Medicare Benefits Schedule from 1 November 2007.

#### **Item 132**

- An initial attendance of at least 45 minutes duration to undertake a comprehensive assessment of the patient and develop a treatment and management plan.
- The schedule fee for this item is \$238.30.

#### **Item 133**

- A subsequent attendance of at least 20 minutes duration to review the initial diagnoses, problems and responses to treatment and to revise the treatment and management (if necessary).
- The schedule fee for this item is \$119.30.

### **Are there any restrictions on items 132 and 133?**

- Item 132 can only be claimed once in a 12 month period for a patient receiving treatment from the same consultant physician.
- Item 133 can be claimed twice in a 12 month period for a patient receiving treatment from the same consultant physician. If further reviews of the plan are required during the 12 month period, the appropriate item for this service is 116.
- Items 110, 116 and 119 cannot be provided on the same day as item 132 or 133 if provided by the same consultant physician.

### **Who is eligible for treatment under items 132 and 133?**

Items 132 and 133 are intended for use for patients with at least two morbidities; for example, diabetes and other related problems such as kidney disease or neuropathies. Patients being cared for under a GPMP or TCA are eligible for these items. However, it is expected that the consultant physician treatment and management plan will complement the Enhanced Primary GP or Team Care management plan.

### **Does the patient need to be referred to the consultant physician?**

Yes. The patient must be referred by a general practitioner or specialist. The patient may be referred specifically for the purpose of items 132 and 133, or for other purposes. The need to develop a consultant physician treatment and management plan should be based on the consultant physician's clinical judgement.

A new referral is not required for item 133. The consultant physician or referring practitioner can initiate the review of the patient. If the consultant physician has particular concerns about the indications or possible need for further reviews, these should be noted in the consultant physician treatment and management plan.

## **What information should be included in a treatment and management plan?**

As an indicative guide, a treatment and management should include:

- comprehensive patient history, presenting symptoms and current difficulties;
- clinically relevant findings of the medical examination;
- differential diagnosis/diagnoses;
- management options and decisions, including recommendations in regard to medication and non-medication measures; and
- a response to any specific questions/problems raised by the referring practitioner, if appropriate.

## **Who should be given a copy of the consultant physician's treatment and management plan?**

A written copy of the consultant physician's treatment and management plan should be provided to the referring medical practitioner, usually within two weeks of seeing the patient. A copy of the management plan should also be provided to the patient (if appropriate). It is expected that the majority of patients will be able to be managed effectively by the referring practitioner using the plan.

## **Can a consultant physician refer a patient for allied health services?**

No. To be eligible for Medicare benefits for allied health services, the patient must be referred to allied health professionals by their GP, under a GPMP or TCA. If appropriate, a consultant physician might recommend (in the context of their treatment and management plan) a referral to an allied health professional under the Enhanced Primary Care arrangements.

## **Can all consultant physicians use the new items?**

All consultant physicians can use these items providing the requirements to claim the items are met. It is expected that the majority of these services will be provided by consultant physicians in the non-procedural/cognitive specialties, such as internal and general medicine, geriatrics, paediatrics, renal medicine, rheumatology and haematology.

## **Will the new items replace items 110, 116 and 119?**

No. Items 110, 116 and 119 will continue to be used; for example, for the examination of a patient to determine whether they are suitable for surgery. Items 132 and 133 should only be used for more complex cases, requiring a comprehensive assessment and where a treatment and management plan is clinically indicated for a patient's management.

## **Further information**

More detailed information regarding the claiming requirements of these and other 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](http://www.mbsonline.gov.au)