



Blocking Claiming of MBS Items for Subsequent Attendances with Any Item in Group T8 (Surgical Operations) That Has an MBS Fee of \$300 or More

Last updated: 23/10/2017

Effective 1 November 2017

What do the changes involve?

The claiming of subsequent attendance items with any item in Group T8 (surgical operations) of the MBS will be restricted, if the Group T8 item has a schedule fee of equal to or greater than \$300, and if the items are provided by the same practitioner on the same day.

Why is the Government making this change?

This change is based on a recommendation of the Medicare Benefits Schedule Review Taskforce.

This change will ensure that patients receive the same MBS benefits for the same service and improve consistency of practitioner billing practices.

What does this mean for MBS claiming?

Medical practitioners will no longer be able to claim MBS benefits for subsequent attendance items 105, 116, 119, 386, 2806, 2814, 3010, 3014, 6019, 6052, and 16404 if they are claiming any Group T8 items (30001-50952) with a schedule fee of equal to or greater than \$300 on the same day.

Medical practitioners who are not claiming subsequent attendance items with Group T8 items will not be affected.

Three new subsequent attendance items will be introduced. These new items can be claimed on the same day as Group T8 items with schedule fees of equal to or greater than \$300, if the procedure is urgent and not able to be predicted prior to the commencement of the attendance.

It is expected that these items would be rarely required.

New items:

(Draft wording of items subject to finalisation and passage of legislation):



111	<p>Professional attendance at consulting rooms or in hospital by a specialist in the practice of his or her specialty following referral of the patient to him or her by a referring practitioner—an attendance after the first attendance in a single course of treatment, if:</p> <ul style="list-style-type: none">(a) during the attendance, the specialist determines the need to perform an operation on the patient that had not otherwise been scheduled; and(b) the specialist subsequently performs an operation on the patient, on the same day; and(c) the operation is a service to which an item in Group T8 applies; and(d) the amount specified in the item in Group T8 as the fee for a service to which that item applies is \$300 or more <p>For any particular patient, once only on the same day.</p> <p>Fee: \$43.00 Benefit: 75% = \$32.25 85% = \$36.55</p>
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117	<p>Professional attendance at consulting rooms or in hospital, by consultant physician in the practice of his or her specialty (other than psychiatry) following referral of the patient to him or her by a referring practitioner—an attendance after the first attendance in a single course of treatment, if:</p> <ul style="list-style-type: none">(a) the attendance is not a minor attendance; and(b) during the attendance, the consultant physician determines the need to perform an operation on the patient that had not otherwise been scheduled; and(c) the consultant physician subsequently performs an operation on the patient, on the same day; and(d) the operation is a service to which an item in Group T8 applies; and(e) the amount specified in the item in Group T8 as the fee for a service to which that item applies is \$300 or more <p>For any particular patient, once only on the same day.</p> <p>Fee: \$75.50 Benefit: 75% = \$56.65 85% = \$64.20</p>
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120	<p>Professional attendance at consulting rooms or in hospital by a consultant physician in the practice of his or her specialty (other than psychiatry) following referral of the patient to him or her by a referring practitioner—an attendance after the first attendance in a single course of treatment, if:</p> <ul style="list-style-type: none">(a) the attendance is a minor attendance; and(b) during the attendance, the consultant physician determines the need to perform an operation on the patient that had not otherwise been scheduled; and(c) the consultant physician subsequently performs an operation on the patient, on the same day; and(d) the operation is a service to which an item in Group T8 applies; and(e) the amount specified in the item in Group T8 as the fee for a service to which that item applies is \$300 or more <p>For any particular patient, once only on the same day.</p> <p>Fee: \$43.00 Benefit: 75% = \$32.25 85% = \$36.55</p>
