Factsheet – Referrals for specialist services

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What is a referral?

A referral is a specific request to a specialist for investigation, opinion, treatment and/or management of a condition or problem of a patient, or the performance of one or more specific examinations or tests.[1] A referral is different to a request given to patients for pathology testing or diagnostic imaging.

Medical practitioners can refer patients to specialists where their specific skills and expertise are required to assist with the diagnosis and treatment of the patient.

[1] This document uses the term specialist to describe both specialists and consultant physicians. Referral requirements described in this document apply to both types of providers.

Why is a referral needed?

The referral system reflects that GPs are the focal point of contact in supporting patient care. It supports patients in receiving appropriate care from the right specialists at the right time to optimise health outcomes. It also maintains a continuity of care between the GP and the specialist.

Referrals allow specialists to understand a patient's medical history, current condition, and the reason for the referral, enabling them to provide targeted and effective care.

Patients can choose to see a specialist without a referral. However, if they do, any Medicare Benefits Schedule (MBS) benefits they are eligible to receive will be lower due to the MBS item the specialist is allowed to bill. This means patients will likely need to pay more out-of-pocket for the appointment.

Who can refer?

Under the MBS, GPs are the primary source of referrals. Referrals can also be made between specialists. This should occur in consultation with, or with notification to, the patient's GP to ensure coordinated care.

In some circumstances, other health care providers can refer patients to a specialist:

- An optometrist can refer a patient to an ophthalmologist.
- A dental practitioner can refer a patient to a specialist.
- A midwife may refer a patient to an obstetrician or paediatrician.
- A nurse practitioner may refer a patient to a specialist.

What must the referral include to be valid?

When a patient is referred to a specialist, the referral must include:

- the reasons for referring the patient
- the date of the referral
- signature of the referring health professional.

The referral should also have relevant clinical information about the patient’s condition for investigation, opinion, treatment and management.

Referrals can be made in hard copy or electronically. Electronic referrals must comply with the *Electronic Transactions Act 1999*.

What does a referral cover?

A referral is for a single course of treatment for a patient’s specific condition or concern.

A single course of treatment involves an initial attendance (also known as a consultation) by a specialist and the continuing management or treatment of the identified condition, up to the stage where the patient is referred back to the care of the GP.

Once an MBS item for an initial consultation is claimed, all subsequent services related to the same condition are considered to be part of a single course of treatment. The specialist must claim MBS items for subsequent attendances for the continuing management of a condition.

If the patient develops a new or unrelated condition, a new referral may be required.

How long does a referral last?

The referral period starts from the date of the first consultation between the patient and the specialist, not the date the referral was issued.

Where the referral comes from a practitioner other than a specialist, usually a GP, and no validity period is specified, the referral is valid for a default period of 12 months. However, the referring practitioner can specify a period of more or less than 12 months, including indefinite validity.

Where a referral is from one specialist to another, it is valid for 3 months, except where the referred patient is an admitted hospital patient. While specialists can specify that a referral is valid for less than 3 months, they cannot refer for a longer period. For admitted patients, the referral is valid for 3 months. However, if the duration of the admission is longer than 3 months, the referral is valid for the duration of the admission.

Indefinite referrals

GPs can refer for a longer period than 12 months or indefinitely if the patient requires ongoing care. An indefinite referral is intended to cover the continuing care and management of the original medical condition for which it is written.

If a GP agrees to write an indefinite referral, it must be clear to the patient's specialist that the referral is for an indefinite period. To describe an indefinite referral, the referring practitioner will ideally use the term 'indefinite' on the referral, but can use words such as 'ongoing', 'continuing care' etc. which can reasonably be accepted as having the same meaning.

If the language regarding the length of a referral is unclear, the specialist should contact the referring provider to clarify their intent and have the referral amended accordingly.

A new referral is needed if the patient has a new or unrelated condition while on an indefinite referral.

Does a referral need to be made out to a certain specialist?

For MBS services provided in a community setting (such as a private specialist clinic), referrals do not need to be made out to a specific specialist. It is the GP's decision whether a specialist's name is included on a referral.

Where a specialist is named, the patient can still choose to see a different specialist (within the same specialty) than the one named on a referral, unless they have already started seeing the named specialist. It is not necessary for the patient to revisit their GP to obtain an

updated or new referral as the existing referral remains valid for use with any other specialist in the same speciality.

However, a specialist is not obliged to accept a referral, whether it is named or not.

The Healthdirect website and the Medical Costs Finder tool may support patients in finding and choosing relevant specialists in their area.

Public hospital outpatient clinics

If a person is being treated as a public patient in a public hospital outpatient department, a referral does not need to be named to a specific specialist.

However, if a person elects to be treated as a private patient in a public hospital outpatient department, and the MBS is billed for their care, they must have a referral addressed to a named specialist before services are provided. This is a requirement under the National Health Reform Agreement between the Commonwealth and States and Territories.

A named referral does not mean the patient must be treated as a private patient; they can still choose to be treated as a public or private patient.

GPs are encouraged to discuss patient treatment options and pathways (including public / private implications) so that patients can better exercise informed financial consent.

Can a patient see more than one specialist under the same referral?

A referral is valid only for the services rendered by the practitioner who accepts that referral.

Once a service has been rendered using that referral, it cannot be shared or transferred to another specialist. A patient cannot change specialists without obtaining a new referral from their GP.

If the treating specialist is unavailable (e.g. they are on leave and are not replaced by a locum), and another specialist attends the patient, the appropriate non-referred attendance items are to be claimed.

Is a referral still valid if the referring practitioner changes practice or retires?

When a referring practitioner leaves a practice, retires, dies or gets a new provider number, a referral from that practitioner continues to be valid for the original period of the referral, as long as the referring practitioner's provider number was valid on the date the referral was made.

Is a referral still valid if the treating specialist changes practice or moves?

A referral for a specialist service is not location or practice specific.

Services provided under a referral are linked to the practitioner, not a particular location. A course of treatment commenced at one location can be continued by the same practitioner at other locations for which the practitioner has a provider number.

If a patient chooses to see a different specialist (at the same location or other), a new referral is required.

What happens if a referral is lost?

If a referral is lost, stolen or destroyed before provided to the specialist, it is recommended that the patient contact the referring practitioner and ask for it to be resent. If this is not possible before the specialist consultation, the fact the referral is lost must be notated in documentation used for claiming purposes. This approach can only be used for MBS claims related to the first attendance with the specialist. The specialist must have a copy of the referral for MBS claims at the referred rate for any subsequent attendances.

Further information

For further information regarding referrals for specialist treatment, please refer to:

- General MBS Explanatory Note GN.6.16 Referral Of Patients To Specialists Or Consultant Physicians.
- Services Australia's website (www.servicesaustralia.gov.au). Search 'Referrals for specialist treatment'.

For further information regarding the MBS, please refer to:

- The MBS Online website at www.mbsonline.gov.au provides full item descriptors, schedule fees and explanatory notes about all MBS items, along with information on upcoming changes to the MBS.

Professional users of the MBS, such as medical practitioners and practice managers, can also access the following services and resources:

- AskMBS responds to enquiries from providers of services listed on the MBS seeking advice on interpretation of MBS items. AskMBS can be contacted on askMBS@health.gov.au. Note, AskMBS do not respond to patient enquiries.
- AskMBS Advisory: Non-GP specialist and consultant physician services for general information on referral requirements.
- Services Australian can provide advice in relation to MBS billing, claiming, payments, or obtaining a provider number. Information on these topics can be found on the Health Professionals page of the Services Australia website or by contacting the Services Australia Provider Enquiry Line on 13 21 50.

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the last updated date shown above and does not account for MBS changes since that date.