

## MBS review

### Principles and Rules Committee response to survey questions from the Australian Physiotherapy Association

#### Issue 1: Provider education

1. Do you agree with Recommendation 1 which proposes that access to a MBS provider number should be dependent on, in addition to existing application processes, the applicant's successful completion of an online assessment on MBS rules and billing requirements?

See section 4.1 of the report.

Yes

**No**

Yes, with some changes

Don't know / Prefer not to answer

#### **The implementation of health provider education must not place barriers to issuing a provider number**

We are cautiously optimistic about the introduction of mandatory health provider education and assessment on MBS rules and procedures. However granting a provider number to new health graduates at the start of each year is already extremely slow. To make mandatory training work, Medicare would need to ensure that:

1. Professional development modules must be provider-specific and developed in consultation with the relevant professional association.
2. Modules must be available online.
3. Provider numbers for those who have not yet completed a module should be issued on the proviso that the relevant module is completed within a required time frame (e.g. within three months).
4. Completion of modules must be recorded by Medicare against a health professional, not a provider number. This is so providers working across multiple locations are recognised as already having completed the module, should they apply for a new location provider number.
5. The MBS taskforce must consider that the patients of physiotherapists cannot claim a private health insurance rebate until a provider issued with a MBS provider number. Any delays in issuing this number have multiple detrimental effects to the patients of physiotherapists.

We acknowledge that provider education might assist physiotherapists with appropriate billing of MBS services. We recognise that compliance may be a focus of increased Medicare audits in future and that provider education is a safeguard to minimise incorrect billing. To that end, we require more information to educate our members on claiming issues specifically relate to physiotherapists.

2. Issue 1: Provider education

Do you agree with Recommendation 2 which proposes that colleges be encouraged to include ongoing education in MBS rules and processes as part of their continuing professional development programs?

See section 4.1 of the report.

**Yes**

No

Yes, with some changes

Don't know / Prefer not to answer

3. Issue 2: The 'complete medical service' and the multiple operation rule for procedures

Do you agree with Recommendation 1 which proposes that benefits be paid for a maximum of three procedures MBS items (items in T8 of the MBS) in relation to a single procedure and that the existing multiple operation rule be applied these items?

See section 4.2 of the report.

Yes

No

Yes, with some changes

Don't know / **Prefer not to answer**

4. Issue 3: Initial vs subsequent attendances and determine a single course of treatment

5. Do you agree with Recommendation 1 which proposes that only one initial attendance item be claimed in relation to any single course of treatment for a particular patient, regardless of the duration of that course of treatment. All other attendances are to be considered subsequent attendances?

See section 4.3 of the report.

Yes

No

Yes, with some changes

Don't know / **Prefer not to answer**

6. Issue 4: Removal of the differential fee structure for remaining 'G&S' items

Do you agree with Recommendation 1 which proposes that the current differential fee structure for 32 remaining 'G&S' MBS items, whereby a lower or higher fee is set depending on whether the service is performed by a GP or specialist respectively, be abolished and a single fee for these services be set at the current specialist rate?

See section 4.4 of the report.

Yes

No

Yes, with some changes

Don't know / **Prefer not to answer**

7. Issue 5: Co-claiming attendances with procedures

Do you agree with Recommendation 1a which proposes that the MBS regulations and explanatory notes be amended to state where the decision to perform a procedure is made during an attendance, that attendance and the consequent procedure can be co-claimed, whether the procedure is performed contiguously with the attendance or after some interval of time on the same day?

See section 4.5 of the report.

Yes

No

Yes, with some changes

Don't know / **Prefer not to answer**

8. Issue 5: Co-claiming attendances with procedures

Do you agree with Recommendation 1b which proposes that the MBS regulations and explanatory notes be amended to state where an attendance occurs in relation to a procedure that has already been agreed to take place, claiming of an attendance item on the same day of the procedure cannot occur unless another unrelated medically significant issue is dealt with during the attendance. Pre-procedure attendances should not be charged for, as they constitute an integral part of the procedure?

See section 4.5 of the report.

Yes

No

Yes, with some changes

Don't know / **Prefer not to answer**

9. Issue 5: Co-claiming attendances with procedures

Do you agree with Recommendation 1c which proposes that the MBS regulations and explanatory notes be amended to state an attendance to obtain consent immediately prior to a procedure or attendances immediately after a procedure regarding outcomes and post—procedure care cannot be claimed?

See section 4.5 of the report.

Yes

No

Yes, with some changes

Don't know / **Prefer not to answer**

10. Issue 6: Aftercare

Do you agree with Recommendation 1 which states that the definition of 'aftercare' in the MBS explanatory notes be amended by the deletion of 'Aftercare need not necessarily be limited to treatment given by the surgeon or to treatment given by any one medical practitioner' and its replacement with 'for the purposes of Medicare claiming the aftercare claiming restriction applies only to the medical practitioner who performed the initial procedure and not to other practitioners who see the patient during the aftercare period.' Providers other than the practitioner who performed the initial procedure should not be prohibited from claiming for aftercare services during the aftercare period?

See section 4.6 of the report.

**Yes**

No

Yes, with some changes

Don't know / Prefer not to answer

11. Issue 6: Aftercare

Do you agree with Recommendation 2 which states that the current system of assigning aftercare periods to MBS items, with its high degree of variation, be replaced by a two-tiered system under which an aftercare period of one month or two months would apply depending on whether the Schedule fee for the service in question is lower than or equal to, or higher than, \$300?

See section 4.6 of the report.

Yes

No

Yes, with some changes

Don't know / **Prefer not to answer**

#### 12. Issue 6: Aftercare

Do you agree with Recommendation 3 which proposes the following reference to aftercare arrangements be removed from the MBS, on the basis that the practice it proposes is impracticable:

If a surgeon delegates aftercare to a patient's medical practitioner, then a Medicare benefit may be apportioned on the basis of 75% for the operation and 25% for the aftercare. Where the benefit is apportioned between two or more medical practitioners, no more than 100% of the benefit for the procedure will be paid?

See section 4.6 of the report.

Yes

No

Yes, with some changes

Don't know / **Prefer not to answer**

#### 13. Issue 7: Specialist-to-specialist referrals

Do you agree with Recommendation 1 which proposes that the existing three-month limit on specialist-to-specialist referrals be maintained?

See section 4.7 of the report.

Yes

No

Yes, with some changes

Don't know / **Prefer not to answer**

#### 14. Was the First report of the MBS Principles and Rules Committee easy to understand?

**Yes**

No

Don't know / Prefer not to answer

#### 15. Was there enough information provided to support the recommendations?

Yes

**No**

Don't know / Prefer not to answer

16. Do you have any other comments or suggestions in relation to these recommendations?

**Important changes to MBS rules have been excluded from this report,**

The APA is disappointed that the first report of the Principles and Rules Committee did not address key access and cost efficiency issue for the patients of Australia's 27,000 registered physiotherapists and the health system.

These include:

- Savings of over \$16 million per year and improvements in early intervention by endorsing physiotherapist referrals to medical specialists. See an economic analysis of physiotherapy referral by the Deeble institute at <http://www.physiotherapy.asn.au/DocumentsFolder/Advocacy/Deeble.pdf> and attached at the end of this survey.
- Changes to rules on physiotherapy patients' access to equivalent rebates for peripheral x-rays, diagnostic ultrasound and MRI to prevent circular referrals between physiotherapists, GPs and specialists.
- Personal attendance as a prerequisite for a professional attendance MBS item, which prevents the development of telehealth consultations.
- Communication between health professions to connect care for people with chronic conditions.

We acknowledge that this is the first report of the Principles and Rules Committee, but recommend that these issues be considered as a matter of urgency.