

Medicare Australia and Refugee Health Assessments (MBS Item 714)

Key message: Consider if tests are clinically indicated for your individual patient

Introduction

Some issues have arisen with Medicare about GP ordering of pathology tests for refugee health patients. Consequently GPV met with Dr Andrew Leaver, Senior Medical Advisor for Medicare, Victoria and Tasmania. In response to our questions Dr Leaver has authorised the attached answers. (April 2008)

Question 1: What tests are eligible for a Medicare rebate?

Answer: Medicare pays for clinically relevant services. This means services that are generally accepted by the medical profession as being necessary for the appropriate treatment of the patient.

Question 2: The Refugee Health Assessment (RHA) may be conducted over more than one consultation and the GP only claim on the final session. Can the GP order pathology tests if there is no consultation item claimed for that day?

Answer: Yes

Question 3: Coning arrangements for pathology services mean that pathology companies are only paid for 3 tests per time if ordered by a GP. What are the implications for GPs about these arrangements?

Answer: Coning arrangements for pathology services should not influence a GP's decision to initiate pathology. Medicare-funded pathology services should be initiated on the basis of clinical relevance.

Question 4: Regarding billing arrangements for RHAs, can a GP bill on the first consultation? What is the best way to bill these items?

Answer: The RHA service should be billed only when the service has been completed. To complete the service, the GP should have:

- Undertaken all the components of a health assessment appropriately, either personally or with the assistance of a third party provider – the GP must see the patient and undertake the medical components of the assessment;
- Discussed the outcomes with the patient;
- Offered a report of the assessment to the patient (and to his/her carer, if appropriate); and
- Attached a copy of the assessment to the patient's record maintained by the practice.

Question 5: If a GP bills for a consultation for treatment provided while doing a RHA does he/she need to notate it?

Answer: The Medicare Benefits Schedule (A.27.16) explains that “Any follow up work following completion of a health assessment should be treated as a different service. Practitioners should not conduct a separate consultation in conjunction with a health assessment unless it is clinically indicated that a problem must be treated immediately”. In this scenario, the claim for the associated consultation should specify that it was a separate service requiring immediate treatment. Queries about payment of benefits for these services can be directed to the claims assessing area of Medicare Australia (132150).

Question 6: Does Medicare have rules in regard to follow-up testing?

Answer: The same principle of ‘clinical relevance’ applies to repeat pathology services.

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