

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Additional Estimates 2016 - 2017, 1 March 2017

Ref No: SQ17-000130

OUTCOME: 4 - Individual Health Benefits

Topic: Indefinite referrals

Type of Question: Written Question on Notice

Senator: Duniam, Jonathon

Question:

- a) What are the current regulatory provisions relating to the issuing of an indefinite referral to a specialist or consultant physician by a general practitioner (GP)?
- b) What plans are in place to widen the conditions for which a GP can issue an indefinite referral to a specialist or consultant physician?
- c) In instances where a GP issues a new referral to replace an expired or expiring referral for the continued management of a condition should a specialist or consultant physician use Medicare item 104 (initial attendance) or item 105 (subsequent attendance) in claiming continued consultations?

Answer:

a) Under section 132A (Regulations relating to the manner of patient referrals) of the *Health Insurance Act 1973*, it states that referrals must be made in accordance with the regulations.

Section 29 (Manner of patient referrals) of the *Health Insurance Regulations 1975*, states that the referring practitioner, such as a GP, must consider the need for the referral as well as giving all information about the patient's condition which the referring practitioner considers necessary.

Section 31 (1) of the *Health Insurance Regulations 1975* states that "unless the period of validity for a referral is otherwise provided for in this regulation, the referral may state a period for which it remains valid and it will remain valid:

- (a) if the referral provides for it to be valid for a fixed period—for the period so provided after the first service given in accordance with the referral; or
- (b) if the referral provides for it to be valid indefinitely—for an indefinite period; or
- (c) if the referral does not provide for its validity—for 12 months after the first service given in accordance with the referral."

Section 1.1.4 of the *Health Insurance (General Medical Services Table) Regulation 2016*, states that the meaning of a 'single course of treatment' for a patient, which:

(a) includes:

- (i) the initial attendance on the patient by a specialist or consultant physician; and
- (ii) the continuing management or treatment up to and including the stage when the patient is referred back to the care of the referring practitioner; and
- (iii) any subsequent review of the patient's condition by the specialist or consultant physician that may be necessary, whether the review is initiated by the referring practitioner or by the specialist or consultant physician; but

(b) does not include:

- (i) referral of the patient to the specialist or consultant physician; or
- (ii) an attendance (the later attendance) on the patient by the specialist or consultant physician, after the end of the period of validity of the last referral to have application under regulation 31 of the *Health Insurance Regulations 1975* if:
 - (A) The referring practitioner considers the later attendance necessary for the patient's condition to be reviewed; and
 - (B) the patient was most recently attended by the specialist or consultant physician more than 9 months before the later attendance."

b) There are no plans to alter the current regulatory provisions.

c) Where a patient's referral has expired and they present a new referral for the continuing management of the same condition, i.e. the same 'single course of treatment' as defined in section 1.1.4 of the *Health Insurance (General Medical Services Table) Regulation 2016*, the patient should continue to be billed under the subsequent attendance items.