Australian Government
Department of Health

CLAIMING ITEMS 132 & 133

OVERVIEW

Items 132 and 133 are for use with patients with at least two morbidities which can include complex congenital, development and behavioural disorders when referred by their usual practitioner. Items 132 and 133 are not intended for routine use.

Where a consultant physician is caring for a patient in a regular capacity, MBS items 110 (for an initial attendance), 116 or 119 (for subsequent attendances) should be used. Items 110, 116 or 119 are not payable if provided on the same day as item 132 or 133.

RESOURCES

- AskMBS Advisory: Non-GP specialist and consultant physician services – go to **health.gov.au** and search for 'consultant physician services'
- MBS note for items 132 and 133 – go to **mbsonline.gov.au** and search for 'AN.0.23'
- Additional information on MBS items and requirements can be requested from the AskMBS email service by emailing **askmbs@health.gov.au**

SCAN ME

Voluntary Acknowledgement

If you have claimed incorrectly – go to health.gov.au and search for 'voluntary acknowledgement'.

Checklist for item 132 (Initial attendance)

Item 132 is for a comprehensive initial assessment by a consultant physician, and the preparation of a comprehensive treatment and management plan of significant complexity to assist the referring practitioner manage the patient's conditions.

It is not expected that a consultant physician would initiate such assessment and management plan under item 132 for any reason other than the need for it has been determined by the referring practitioner and a valid referral has been issued.

When you can claim?

- ☑ The patient was specifically referred for a comprehensive treatment and management plan to assist the referring practitioner to manage the ongoing care of the patient; and
- ☑ The patient has two or more morbidities which are to be addressed in the treatment and management plan; and
- ☑ The assessment lasts at least 45 minutes and this reflects the physician's face to face time with the patient not time provided by others; and
- ☑ A comprehensive treatment and management plan of significant complexity is prepared and provided to the referring practitioner.

When you cannot claim?

- ☒ The patient has an indefinite referral for ongoing care but a separate referral has not been received for a comprehensive treatment and management plan to assist the GP manage the patient; or
- ☒ A new referral has not been received for a new comprehensive treatment and management plan, and/or the existing plan is achieving the desired results and is still appropriate for the patient's care; or
- ☒ Item 132 has been claimed for the patient by the same consultant physician in the preceding 12 months; or
- ☒ Items 110,116 or 119 have been claimed for the patient on the same day by the same consultant physician.

Checklist for item 133 (Review attendance)

Item 133 is for a subsequent attendance for the detailed review of the treatment and management plan developed under item 132.

This service is intended for use in the event of a change to circumstances or condition of the patient which requires a modified treatment and management plan to be provided to the referring practitioner.

When you can claim?

- ☑ The referring practitioner has requested a review of the plan as there has been a change to the patient's circumstances or condition that requires a modified treatment and management plan to be provided to the referring practitioner; and
- ☑ The same consultant physician (or a locum tenens) has claimed item 132 for the patient in the preceding 12 months; and
- ☑ The assessment lasts at least 20 minutes and this reflects the physician's face to face time with the patient not time provided by others.

When you cannot claim?

- ☒ The referring practitioner has not requested a review of the plan; or the need for a review has not been indicated in the treatment and management plan; or
- ☒ Item 133 has been claimed twice in the preceding 12 month period; or
- ☒ Item 132 has not been claimed in the last 12 months; or
- ☒ Items 110,116 or 119 have been claimed for the patient on the same day by the same consultant.