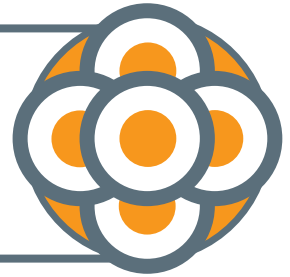




# Multidisciplinary Cancer Care in Australia



**NATIONAL BREAST  
CANCER CENTRE**

Incorporating the  
Ovarian Cancer Program

## Information about the new MBS items for multidisciplinary cancer care

On 1 November 2006, two new Medicare Benefit Schedule items were introduced providing rebates for participation by medical practitioners in multidisciplinary treatment planning meetings for cancer patients. The following information has been developed by the National Breast Cancer Centre to assist multidisciplinary teams in implementing the items.

### \* Who can claim the items?

**Item 871** can be claimed by a medical practitioner from any area of medical practice (defined in the item descriptor as a specialist, consultant physician or general practitioner) who is leading and coordinating a multidisciplinary case conference to develop a multidisciplinary treatment plan for a patient with cancer. The lead practitioner is responsible for ensuring that records of the meeting are kept and that the patient is informed of the outcomes from the meeting.

**Item 872** can be claimed by a medical practitioner from any area of medical practice (defined in the item descriptor as a specialist, consultant physician or general practitioner) who is participating in a multidisciplinary case conference to develop a multidisciplinary treatment plan for a patient with cancer.

Only **treating medical practitioners** can claim the items – that is those who have treated or provided a formal diagnosis of the patient's cancer in the past 12 months or expect to do so within the next 12 months.

*Under this definition, a 'treating medical practitioner' would include the pathologist or radiologist who provided a formal diagnosis of the patient's cancer prior to the meeting, or a radiation oncologist who will prescribe radiotherapy for the patient but does not expect to have contact with the patient until some months after the meeting.*

Non-treating clinicians, allied health providers and support staff are not eligible to claim the item. This includes doctors who may provide an opinion in the meeting but who are not members of the patient's treatment team.

*Under this definition, a surgeon who provides an opinion in the meeting but who will not be operating on the patient would not be eligible to claim the item.*

### \* What meetings do the items apply to?

The items apply to discussions during a multidisciplinary team meeting held for the purpose of developing a cancer treatment plan. The items should not be billed against community or discharge case conferences. Meetings may be face-to-face or held via teleconference or videoconference.

### \* What is the minimum number of practitioners who should be involved in the meeting?

The multidisciplinary meeting must involve at least four medical practitioners (including the lead practitioner). Participants must be from different areas of medical practice and may include general practice. Allied health practitioners must also be present.

### Other relevant MBS items

**Items 721–731:** multidisciplinary care plans (medical practitioner other than specialist or consultant physician)

**Items 734–771:** community/discharge/residential aged care case conferences (medical practitioner other than specialist or consultant physician)

**Items 820–838:** community/discharge case conferences (consultant physician)

**Items 855–866:** community/discharge case conferences (consultant psychiatrist)

**Item 880:** case conference (consultant physician in geriatric or rehabilitation medicine)

### Where to go for further information

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mbsonline-downloads>



# Information about the new MBS items for multidisciplinary care

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### \* How many people can claim the item for one patient?

Only one medical practitioner can claim item 871 for each patient discussed at the multidisciplinary case conference. There is no limit to the number of treating medical practitioners who can claim item 872 for each patient discussed.

### \* How many patients can be claimed for at one meeting?

There is no limit to the number of patients who can be discussed during a multidisciplinary meeting. However, discussion about each patient discussed at the multidisciplinary meeting should last at least 10 minutes.

### \* Which patients do the items apply to?

The items apply to private patients being treated in public or private hospitals or in the community who have a malignancy of a solid organ or tissue, or a systemic cancer such as a leukaemia or a lymphoma. The items do not apply to patients whose only cancer is a non-melanoma skin cancer.

### \* How many times can a patient be billed?

In general it is expected that a patient will be discussed at no more than two case conferences each year. Therefore it is unlikely that an individual patient would be billed more than twice in one year.

### \* What is the schedule fee?

- The schedule fee for item 871 is \$71 per patient
- The schedule fee for item 872 is \$33 per patient

### \* How should the patient be billed?

For a patient to be billed by the lead and participating medical practitioners, the patient must understand that the meeting will take place and which practitioners will be billing them (see 'Gaining patient consent').

Each billing practitioner should send a separate bill to the patient unless the patient signs a Medicare form for bulk billing. Medicare forms cannot be signed until after the multidisciplinary meeting has taken place and the other requirements included in the item descriptor have been met. If the post-conference discussion is conducted with the patient by telephone, the lead practitioner or designate will need to arrange for the patient to visit the hospital and sign the form. If this is not possible due to issues of distance, it is the responsibility of the lead practitioner to make arrangements with the patient to sign the form.

### \* Gaining patient consent

It is the responsibility of each billing practitioner to ensure that the patient is informed that a charge will be incurred for the multidisciplinary meeting. This task may be delegated to one member of the team representing all billing practitioners. Regardless of who gains consent the explanation should include:

- explaining to the patient the nature of the multidisciplinary meeting and asking the patient whether he or she agrees to the meeting taking place
- informing the patient that his or her medical history, diagnosis and care preferences will be discussed with other care providers
- providing an opportunity for the patient to specify what medical and personal information he or she does not want to be conveyed to the other members of the multidisciplinary care team
- informing the patient that he or she will incur a charge for the service provided by the practitioner(s) for which a Medicare rebate will be payable
- informing the patient of any additional costs he or she will incur.

If consent is delegated to a member of the treatment team who is not a billing practitioner, and if the patient identifies information he or she does not wish to share with some or all members of the multidisciplinary team, the lead practitioner should be informed accordingly.

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