

MBS billing options for Hepatitis C care

Examples of Medicare Benefits Schedule (MBS) items that may be considered for the provision of hepatitis C care.

Providers should refer to MBS explanatory notes to ensure eligibility criteria and service requirements are met: go to <http://www.mbsonline.gov.au> or contact Medicare on 132 150. For MBS chronic disease management fact sheets, templates and Q&A, see bit.ly/Chronicdisease. To track patient claims, see Health Professional Online Service (HPOS) at <https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/hpos>.

Hepatitis C care and management‡	Examples of MBS Billing Options	Rebate
Diagnosis and pre-treatment assessments		
HCV testing: Request HCV Ab, and HCV RNA if Ab+ <i>Pre-treatment assessment tests can be requested at the same time as diagnostic tests – using reflexive testing</i>	Level B consult (Item 23; < 20 minutes)	\$37.60
	OR Level C consult (Item 36; 20- 39 minutes)	\$72.80
	OR Health Assessment e.g. Aboriginal and Torres Strait Islander People (Item 715); people aged 45-49 years at risk of chronic disease, or with intellectual disability, refugee, former ADF member (items 701-707)+	For example: Item 715 \$212.25 Item 703 \$137.90
HCV results delivery, pre-treatment assessment and prescribe treatment or refer to specialist (if applicable) <i>This may require more than one consultation</i>	Level B consult (Item 23; < 20 minutes)	\$37.60
	OR Level C consult (Item 36; 20- 39 minutes)	\$72.80
Consider developing GP Management Plan (GPMP) Assess if multidisciplinary team care arrangement (TCA) will be beneficial	Preparation of GPMP (Item 721)^ <i>Recommended frequency 2 yearly; minimum claiming period 12 months unless 'exceptional circumstances'*</i>	\$144.25
	+/- Coordination of TCA (Item 723)^ <i>Recommended frequency 2 yearly; minimum claiming period 12 months unless 'exceptional circumstances'*</i>	\$114.30
On-treatment monitoring		
On-treatment monitoring as required	Level B consult (Item 23)	\$37.60
Assess if multidisciplinary team care arrangement (TCA) will be beneficial* (if not performed above)	Coordination of TCA (Item 723)^ <i>Recommended frequency 2 yearly; minimum claiming period 12 months unless 'exceptional circumstances'*</i>	\$114.30
Post treatment follow-up and assessment of cure		
Treatment follow-up as appropriate including assessment of cure	Level B consult (Item 23; < 20 minutes)	\$37.60
	OR Level C consult (Item 36; 20- 39 minutes)	\$72.80
Review of GPMP and/or TCA and future management goals (if applicable)	Review of GPMP +/- TCA (Item 732)^ <i>Recommended frequency 6 months; minimal claiming period 3 months unless 'exceptional circumstances'*</i>	\$72.05

‡ This document does not provide comprehensive clinical advice – refer to 'Australian recommendations for the management of hepatitis C virus infection: a consensus statement'. See http://bit.ly/gesa_hcvmanagement.

+ May be included as part of a health assessment service provided to eligible patients – for more information, see <https://www.humanservices.gov.au/organisations/health-professionals/subjects/mbs-and-health-assessments>.

^ Co-claiming item numbers 23 and 36 (and others; see http://bit.ly/mbs_item732) with 721, 723, or 732 is not permitted for the same patient, on the same day.

Also consider, if applicable, Medication Review (DMMR item 900), case conferences (items 735 – 758), Mental Health Treatment Plan (items 2700 – 2717).