

Questions & Answers

MBS items 713

This Fact Sheet must be read in conjunction with the item descriptor and explanatory notes for Item 713 (as set out in the Medicare Benefits Schedule).

Who is eligible for this item?

The Type 2 Diabetes Risk Evaluation is available to people aged 40 to 49 years (inclusive) who are at high risk of developing type 2 diabetes. 'High risk' is determined following the patient's completion of the Australian type 2 diabetes risk assessment tool.

What is the Australian type 2 diabetes risk assessment tool?

The Australian type 2 diabetes risk assessment tool has been developed to provide a basis for both health professionals and health consumers to assess the risk of type 2 diabetes. It consists of a short list of questions that, when completed, provides a guide to a patient's current level of risk of developing type 2 diabetes over the next five years.

The Australian type 2 diabetes risk assessment tool can be obtained from www.health.gov.au/epc.

Who should administer the Australian type 2 diabetes risk assessment tool?

The tool can be completed by the patient with or without the assistance of a health professional or practice staff.

Is use of the Australian type 2 diabetes risk assessment tool mandatory in conjunction with MBS item 713?

Yes. The completion of the Australian type 2 diabetes risk assessment tool is mandatory for patient access to the Type 2 Diabetes Risk Evaluation item and the subsidised lifestyle modification programs.

What is a lifestyle modification program?

Eligible patients who have attended a Type 2 Diabetes Risk Evaluation with their GP may be referred to a subsidised lifestyle modification program as one of a number of possible intervention strategies.

The intention of a lifestyle modification program is to help people modify their risk factors to delay or prevent the onset of type 2 diabetes. A typical program will be a series of group motivational and educational sessions supporting lifestyle changes and adoption of healthy lifestyle choices.

Relevant resources on lifestyle modification, including information for patients who may not wish to attend or are unable to participate in a formal subsidised lifestyle modification program are available at:

- www.healthinsite.gov.au; and
- the Lifescrpts Fact Sheet or www.health.gov.au/lifescrpts or www.agpn.com.au/site/index.cfm?display=5267

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Who will provide the subsidised lifestyle modification programs?

The Divisions of General Practice Network will purchase or provide subsidised lifestyle modification programs. The programs will meet nationally agreed standards covering the content and delivery of lifestyle modification programs.

How is access given to the subsidised lifestyle modification programs?

The patient's GP will complete a lifestyle modification program GP referral form. The patient will present this to the provider of the program for registration. The GP referral form can be obtained from www.health.gov.au/epc.

How much will it cost for a patient to participate in a subsidised lifestyle modification program?

A co-payment of up to \$50 may be collected by the subsidised lifestyle modification program provider at the time of patient enrolment in a program. No co-payment will be collected from patients who are identified by the GP as having a health care card or a concession card.

It is important for the GP to indicate if this is the case when completing the lifestyle modification program GP referral form.

Do GPs need to use the lifestyle modification program GP referral form?

Yes. The referral form contains basic information required by the subsidised lifestyle modification program provider. It is a requirement for patient participation and program accountability.

What if a patient does not provide consent?

A completed referral form is a mandatory requirement for patient participation.

If a patient does not agree to the provision and use of their personal information they will not be able to participate in a subsidised lifestyle modification program. The GP will need to discuss other appropriate options available to the patient.

How will GPs know what subsidised Lifestyle Modification Programs are locally available?

GPs will be able to contact their local Division of General Practice to identify what subsidised lifestyle modification programs are available locally and for further information.

What other intervention strategies are available for patients with a high risk of developing diabetes?

The patient's GP may wish to discuss other suitable intervention strategies available to the patient as part of the Type 2 Diabetes Risk Evaluation. Information on prevention and other relevant resources for patients who may not wish to attend or are unable to participate in a formal subsidised lifestyle modification program are available at:

- www.healthinsite.gov.au; and
- the Lifescrpts Fact Sheet or www.health.gov.au/lifescrpts or www.agpn.com.au/site/index.cfm?display=5267

What needs to be done following the Type 2 Diabetes Risk Evaluation?

Following the Type 2 Diabetes Risk Evaluation, the patient's GP may review and adjust treatment of the patient as necessary, as part of normal medical care.

Feedback on patient goals and progress will be provided by the subsidised lifestyle modification program provider to inform ongoing care.

How often can the Type 2 Diabetes Risk Evaluation be done?

The Type 2 Diabetes Risk Evaluation is available to eligible patients once every three years. If the GP is unsure whether a patient has already received an evaluation under item 713 he/she may call Medicare Australia, with the patient present, on 132 011.

Are people diagnosed with diabetes eligible for this item?

No. For patients with existing diabetes, the Diabetes Annual Cycle of Care and Chronic Disease Management (CDM) items (721-731) provide a suite of items for the management and review of diabetes.

Are people with a care plan for an existing chronic condition eligible for this item?

Yes. Patients with a care plan for a non-diabetes condition are able to access the Type 2 Diabetes Risk Evaluation item if they meet the patient eligibility requirements.

Are Aboriginal and Torres Strait Islander people eligible for the Type 2 Diabetes Risk Evaluation?

Yes. Aboriginal and Torres Strait Islander people aged 40 to 49 years (inclusive) may access the Type 2 Diabetes Risk Evaluation, if they meet the patient eligibility requirements, once every 3 years. However Aboriginal and Torres Strait Islander people aged 15 to 54 years (inclusive) are able to access a specific health check under the Aboriginal and Torres Strait Adult Health Check (MBS item 710) with a minimum time of 18 months between health checks. GPs are encouraged to use item 710 where appropriate because it covers a broad range of health issues including diabetes.

There is no time period that needs to elapse between item 710 and the Type 2 Diabetes Risk Evaluation being provided. Patients eligible for item 710 are able to access item 713 if they are in between health checks and it has become clinically relevant for a Type 2 Diabetes Risk Evaluation to be conducted.

Under item 710, GPs can refer patients found to be at 'high' risk of diabetes as measured by the Australian type 2 diabetes risk assessment tool, aged 15 to 54 years (inclusive) to a subsidised lifestyle modification program.

Are people who have had a 45 Year Old Health Check eligible for this item?

Yes. People aged 45 to 49 years (inclusive) are able to access the once only 45 year old health check (MBS item 717) if they are at risk of developing a chronic disease. Based on this consultation and if they are found to be at 'high' risk of diabetes as measured by the Australian type 2 diabetes risk assessment tool, the GP is able to refer the patient to a subsidised lifestyle modification program, along with other possible strategies to improve the health status of the patient.

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A person who has previously accessed item 717 can only become eligible for a Type 2 Diabetes Risk Evaluation when three years have elapsed. However, where a patient aged 45 – 49 years has previously accessed item 717 is subsequently found to be at 'high' risk of diabetes as measured by the Australian type 2 diabetes risk assessment tool within the specified 3 year period the GP may in a subsequent consultation refer the patient to a subsidised lifestyle modification program.

A Type 2 Diabetes Risk Evaluation does not preclude an eligible person from accessing Item 717 in relation to the risk of developing other chronic illnesses.

Is there a Medicare rebate for this item?

Yes. The Medicare rebate is paid at 100% of the schedule fee. Where the evaluation is bulk billed and the patient is a Commonwealth concession card holder the GP is also entitled to claim a bulk billing incentive item.

Detailed Medicare rebate information is available from the Medicare Benefits Schedule Book or at www.health.gov.au/mbsonline

Which doctors can claim this item?

A medical practitioner, including a general practitioner but not including a specialist or consultant physician, can claim the Type 2 Diabetes Risk Evaluation for a service. The item can be used by both vocationally recognised (VR) and non-VR GPs, in either accredited or non-accredited general practices.

The Type 2 Diabetes Risk Evaluation should be undertaken by the patient's 'usual doctor', that is, a medical practitioner, medical practitioner in the practice, who has provided the majority of services to the patient in the past 12 months, and/or is likely to provide the majority of services in the following 12 months.

Can another attendance item be claimed in conjunction with item 713 for the same patient on the same day?

No. Item 713 cannot be claimed in conjunction with another GP attendance item on the same day, except where this is clinically required. In these exceptional cases, the claim for the attendance item should be annotated to indicate that the attendance was not related to the Type 2 Diabetes Risk Evaluation.

Information and resources

For more information visit the Department of Health and Ageing's website at www.health.gov.au/epc or phone the Medicare Australia provider enquiry line on 132 150.

Your local division of general practice will also be able to provide further information and support.