

**Senate Community Affairs Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**HEALTH PORTFOLIO**

**Additional Estimates 2016 - 2017, 1 March 2017**

**Ref No:** SQ17-000499

**OUTCOME:** 4 - Individual Health Benefits

**Topic:** MBS Items - Addiction Medicine Specialists

**Type of Question:** Written Question on Notice

**Senator:** Xenophon, Nick

**Question:**

Of the \$13 million announced for introduction of new MBS items for Addiction Medicine Specialists to increase the availability of treatment:

- a) What new items have been introduced and when?
- b) How much of the \$13 million has been expended on the introduction costs?
- c) How many claims have been made against these new item numbers?
- d) How much has been paid out against these new item numbers?
- e) How many Addiction Medicine Specialists have access to (provider numbers for) these new items
- f) How many people (unique individuals) have received treatment using these item numbers?
  - i. In total?
  - ii. By state?
  - iii. By PHN or geographical region
- g) What has been the increase in availability of treatment:
  - i. In total?
  - ii. By state?
  - iii. By PHN or geographical region?

**Answer:**

- a) From 1 November 2016, 15 new items were listed on the Medicare Benefits Schedule (MBS) for patients of addiction medicine specialists, as part of the Government's response to the findings of the National Ice Taskforce. The new MBS items consist of the following:
  - Two professional attendance items for patient assessment and review (items 6018, 6019);
  - Two professional attendance items for complex patient treatment and management (items 6023, 6024);
  - Two professional attendance items for telehealth (items 6025, 6026);
  - One group therapy item (item 6028); and
  - Eight time-tiered case conferencing items (6029 - 6042).

- b) The \$13 million was the estimated MBS costs over the forward years. From 1 November 2016 to 31 January 2017 there was a total of \$118,714 in MBS benefits paid.
- c) Between 1 November 2016 and 31 January 2017 there were a total of 1,208 claims under the items.
- d) See answer to b).
- e) The Department is unable to determine how many addiction medicine specialists or patients have accessed these items. Considerable work would be involved in determining these figures and this work would require a significant diversion of resources from other departmental operations. However, Table 1 below provides the number of services by State and Territory under the new items from 1 November 2016 to 31 January 2017 through Freedom of Information processes. This information is available on the Department of Health website at:  
[www.health.gov.au/internet/main/publishing.nsf/Content/foi-disc-log-2016-17](http://www.health.gov.au/internet/main/publishing.nsf/Content/foi-disc-log-2016-17)
- f) See answer to e).
- g) Given the items have only been available since 1 November 2016, it would be difficult to quantify any increase in the utilisation of addiction medicine Medicare consultation services. Addiction medicine specialists can continue to bill non-addiction specialist items as many of them have access to GP or consultant physician equivalent items. Seasonal variation may also influence claiming to date. In addition, undertaking a detailed analysis of addiction medicine specialist claiming behaviour would require a significant diversion of resources from other departmental operations.

**Table 1. Number of Services by State and Territory (1 November 2016 to 31 January 2017)**

| State |     |     |     |     |     |    | Total |
|-------|-----|-----|-----|-----|-----|----|-------|
| NSW   | VIC | QLD | SA  | TAS | ACT | NT |       |
| 474   | 188 | 37  | 484 | 3   | 19  | 3  | 1,208 |