



Referral to a Lifestyle Modification Program

MBS Item Claiming Criteria



NOTE: GPs can only refer patients to a subsidised accredited LMP once every 3 years and if the patient is identified at high risk (score of 12 or more) of developing type 2 diabetes as per the Australian Diabetes Risk Assessment Tool (AUSDRISK). Patients must be referred within 3 months of completing the

MBS Item	 When to Claim/Refer	 When Not to Claim/Refer
Time-based Health Assessment - Diabetes Risk Review	<p>Can only claim once every 3 years for patients aged 40-49 years of age and identified as high risk (score of 12 or more) as per the AUSDRISK.</p> <p>Can claim for people aged 45-49 years (inclusive) who have had a 45-49yr health assessment (was item 717) if they are at high risk (score of 12 or more) of developing type 2 diabetes as per the AUSDRISK and meet the relevant eligibility criteria.</p>	<p>Cannot claim if a previous diabetes risk review (was item 713) has been conducted in the last 3 years.</p> <p>Cannot claim in conjunction with another attendance item on the same day, except where it is clinically required.</p>
Time-based Health Assessment - 45-49 Year Health Assessment	<p>Can only claim once for patients aged 45-49 years of age.</p> <p>Can claim if previous diabetes risk review (was item 713) has been conducted as long as the health assessment is in relation to the risk of developing <u>other chronic illnesses</u>.</p>	<p>Cannot claim if a previous 45-49 year health assessment (was item 717) has been conducted.</p> <p>Cannot claim in conjunction with another consultation on the same day, except where it is clinically required (i.e. the patient has an acute problem that needs to be managed separately from the assessment)</p>
Aboriginal and Torres Strait Islander Peoples Health Assessment – Adult	<p>Can claim once every 9 months for Aboriginal and Torres Strait Islander patients aged 15-54 years of age.</p>	<p>Cannot claim if a previous Aboriginal and Torres Strait Islander Adult Health Assessment (was item 710) has been conducted in the last 9 months.</p>
Level B (item 23) or C (item 36) Consultation	<p>Can only refer to a subsidised accredited LMP through a Level B (item 23) or C (item 36) Consultation:</p> <ul style="list-style-type: none"> ▪ If a patient has had a previous 45-49 year health assessment (previously 717) in the past 3 years, and <u>progresses to high risk</u> (AUSDRISK score of 12 or more) of developing diabetes within the 3 years ▪ As part of a follow-up consultation from a diabetes risk review, 45-49 year health assessment or Aboriginal and Torres Strait Islander adult health assessment 	<p>Cannot refer to a subsidised accredited LMP directly from a Level B (item 23) or C (item 36) Consultation unless either of the criteria to the left is met.</p>

This guide is a summary only and must be read in conjunction with the Medicare Benefits Schedule