MSAC recommendation: New item for diagnosis of hypertension through Ambulatory blood pressure monitoring

Date of change: 1 November 2021

New item: **11607**

Legislation: Health Insurance Legislation Amendment (2021 Measures No. 2) Regulations 2021

What are the changes?

- From 1 November 2021, the Australian Government will introduce a new MBS item for diagnosis of hypertension through Ambulatory blood pressure monitoring for people with suspected hypertension (high blood pressure).
- The intention of the service is to monitor a patient's blood pressure continuously over 24 hours via a wearable device to diagnose if they are hypertensive or not. The service includes analysis of the data, generation of a report and development of a treatment plan.
- Ambulatory blood pressure monitoring is the best available test for diagnosing hypertension and is more effective than in clinic blood pressure monitoring.
- The listing of this service was recommended by the Medical Services Advisory Committee (MSAC) in April 2020. Further details about MSAC applications can be found under MSAC Applications on the MSAC website (www.msac.gov.au).

Patient impacts

- Patients with suspected hypertension, a clinic blood pressure reading of ≥140/90 mmHg and ≤180/110 mmHg, will now have access to an MBS rebate for the most accurate method of confirming a diagnosis of hypertension. Ambulatory blood pressure monitoring gives a range of readings over 24 hours, while people are doing different activities and also allows for situations where a person is nervous about having their blood pressure measured, resulting in a misleading high blood pressure result. This method of monitoring should reduce unnecessary treatment in people who do not have true hypertension, and patients shown to have hypertension can progress to appropriate management through development of a treatment plan.

Restrictions or requirements

- This is a diagnostic test; it is not for ongoing blood pressure monitoring.

- For a patient to be eligible for the service they must have demonstrated/recorded in a clinic consultation, a systolic blood pressure measurement between ≥140 to ≤180 mmHg, and/or a diastolic blood pressure measurement between ≥90 to ≤110 mmHg and have not commenced anti-hypertensive medication.
- Restricted to one service per patient per year.
- MSAC concluded that management of hypertension is best placed in primary practice and this service is intended for use by GPs although the service is open to all medical practitioners.
- Elements of this service can be performed on behalf of the medical practitioner (e.g. fitting the monitor, downloading the results) under 1.2.11 of the General Services Medical Table regulations. However, it is expected that the provider claiming the service must analyse the results and write the report.
- The medical practitioner may bill the entire pre-ambulatory blood pressure monitor consultation against a current MBS item for a general consultation. The ambulatory blood pressure monitoring service will commence with application of the monitor and includes the subsequent consultation with the patient for the discussion of results. No additional reimbursement is applicable for fitting the monitor.
- The service is not able to be claimed in association with ambulatory electrocardiogram services or other treatment plan attendance items, as listed in the item descriptor.
- The service provides a complete package of care to the patient including analysis and reporting of data and preparation of treatment plan as described in Explanatory Note DN.1.35.

New item 11607 – Continuous ambulatory blood pressure recording for 24 hours or more for a patient to diagnose hypertension

Overview: This item introduces a new service for diagnosing hypertension using ambulatory blood pressure monitoring for patient's with suspected hypertension, as shown by a clinic blood pressure reading of ≥140/90 mmHg and ≤180/110 mmHg.

Service/Descriptor:

Continuous ambulatory blood pressure recording for 24 hours or more for a patient if:

(a) the patient has a clinic blood pressure measurement (using a sphygmomanometer or a validated oscillometric blood pressure monitoring device) of either or both of the following measurements:

(i) systolic blood pressure greater than or equal to 140 mmHg and less than or equal to 180 mmHg;

(ii) diastolic blood pressure greater than or equal to 90 mmHg and less than or equal to 110 mmHg; and

(b) the patient has not commenced anti-hypertensive therapy; and

(c) the recording includes the patient's resting blood pressure; and

(d) the recording is conducted using microprocessor-based analysis equipment; and

(e) the recording is interpreted by a medical practitioner and a report is prepared by the same medical practitioner; and

(f) a treatment plan is provided for the patient; and

(g) the service:

(i) is not provided in association with ambulatory electrocardiogram recording, and

(ii) is not associated with a service to which any of the following items apply:

(A) 177;

(B) 224 to 228;

(C) 229 to 244;

(D) 699;

(E) 701 to 707;

(F) 721 to 732;

(G) 735 to 758.

Applicable only once in any 12 month period.

Note: Items 177, 224 to 228, 229 to 244 and 699 are specified in determinations made under subsection 3C(1) of the Act.

Other requirements: This service provides for a complete package of care to the patient, including analysis and reporting and preparation of treatment plan as described in Explanatory Note DN.1.35

Billing requirement: Applicable only once in any 12 month period.

MBS fee: $107.20

Benefit: **85%** $91.15 and **75%** $80.40*

Private Health Insurance Classifications:

Clinical Category: Heart and Vascular System

Procedure Type: Type C

Note: * This item is primarily intended for use in the primary care setting and is not intended for hospital use unless there are appropriate clinically necessary reasons for this service being performed as part of a hospital admission. The Department of Health will monitor the use of this item by eligible providers to ensure claiming of services is in accordance with these guidelines.

Explanatory Note: Explanatory Note DN.1.35

To fulfil the treatment plan of item 11607, a comprehensive written plan must be prepared describing:

a) the patient's diagnosis;

b) management goals with which the patient agrees;

c) appropriate interventions including lifestyle modification;

d) treatment the patient may need; and

e) arrangements to review the plan by a date specified in the plan.

In preparing the plan, the medical practitioner must:

a) explain to the patient and the patient's carer (if any, and if the medical practitioner considers it appropriate and the patient agrees) the steps involved in preparing the plan; and

b) record the plan; and

c) record the patient's agreement to the preparation of the plan; and

d) offer a copy of the plan to the patient and the patient's carer (if any, and if the medical practitioner considers it appropriate and the patient agrees); and

e) add a copy of the plan to the patient's medical records.

Blood pressure monitoring equipment:

Both the in-clinic blood pressure monitor and the ambulatory blood monitoring equipment (cuff and monitor) used for services under item 11607 must be listed on the Australian Register of Therapeutic Goods, with monitoring devices recalibrated at time intervals as per the manufacturer's recommendations.

Additional Claiming Guidelines:

If a consultation is for the purpose of an Ambulatory blood pressure monitoring Treatment Plan, a separate and additional consultation should not be undertaken in conjunction with the Ambulatory blood pressure monitoring consultation, unless it is clinically indicated that a separate problem must be treated immediately.

Where a separate consultation is undertaken in conjunction with an Ambulatory blood pressure monitoring consultation, the patient's invoice or Medicare voucher (assignment of benefit form) for the separate consultation should be annotated (e.g. separate consultation clinically required/indicated).

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS will be available on 1 July 2021 on the MBS Online website at MBS Online. You can also subscribe to future MBS updates by visiting MBS Online and clicking 'Subscribe'.

For questions relating to implementation, or to the interpretation of the ambulatory blood pressure monitoring item prior to 1 November 2021, please email cardiacservices@health.gov.au.

For questions regarding the proposed PHI classifications, please email PHI@health.gov.au.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS.

Subscribe to 'News for Health Professionals' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Department of Human Services website or contact the Department of Human Services on the Provider Enquiry Line – 13 21 50.

The data file for software vendors is available in the June 2021 downloads and can be accessed via the MBS Online website under the Downloads page.

To view previous item descriptors and deleted items, visit MBS Online at www.mbsonline.gov.au, navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This sheet is current as of the Last updated date shown above and does not account for MBS changes since that date.