

GP RESOURCE

MBS BILLING FOR COMPLETION OF NDIS ACCESS REQUEST FORM (ARF)



SCENARIOS for patients aged 7 to 65 years of age WITH permanent and significant disability. For children under 7 refer to Early Childhood Early Intervention Pathway <https://www.ndis.gov.au/html/sites/default/files/Early-childhood-Early-Intervention.pdf>

A. Patient arrives at GP (with no documentation)

1. GP confirms patient is NOT a current NDIS Participant
2. GP can give general NDIS information and support the patient to get an Access Request Form (ARF) by one of four methods –
 - Phoning (or directing the patient to call) the NDIS on 1800 800 110 and requesting an ARF be sent to the patient by post
 - Using the NDIS website contact form to request the NDIA contact the patient – <https://www.ndis.gov.au/form/contact-form.html>
 - Directing patient to go to their local NDIS office and pick up a copy of the ARF in person – <https://www.ndis.gov.au/about-us/locations.html#nsw>
 - Directing patient to Local Area Coordinator (*St Vincent de Paul Society for CESPHN region*) phone 1800 794 934 or email LAC@vinnies.org.au
3. In the meantime, GP conducts 15-30-minute consult OR starts GP Management Plan (MBS – Item 721 if appropriate) and gathers basic information about current issues/challenges/goals/solutions (if known)
4. GP directs patient to book another, long/extended consult once they have received the ARF
5. GP sends patient (*and carer*) away with 'homework'. This 'homework' can include – completing sections of ARF themselves (*up to section F*) and to consider the 6 functional domains (Below)
6. Patient receives ARF from NDIS and books a long/extended consult with the GP for assistance in completing the form
7. At 2nd consult GP uses information from the 1st consult and patient's 'homework' to complete Section F of ARF and then supports patient to submit the ARF to NDIA for assessment.
8. GP adds extra information to the GPMP as appropriate/relevant
9. GP schedules GP MP 3-month review appointment to track progress with NDIS and goals (may bill MBS – Item 723, if not already used in the past)

B. Patient arrives at GP with ARF (GP has not been involved in the process of acquiring ARF)

1. If the patient books a short consult for assistance with ARF, the GP can make a start to assist, however it requires a long consult, so will finalise next visit
2. In the meantime, GP conducts 15-30-minute consult OR starts GP Management Plan (MBS – Item 721 if appropriate) and gathers basic information about current issues/challenges/goals/solutions (if known)
3. GP sends patient (*and carer*) away with 'homework'. This 'homework' can include – completing sections of ARF themselves (*up to section F*) and to consider the 6 functional domains (Below)
4. GP Schedules 2nd consult as long/extended
5. At 2nd consult GP uses info from the 1st consult and patient's 'homework' to complete Section F of ARF and then supports patient to submit completed ARF to NDIA for assessment
6. GP adds extra information to the GPMP as appropriate/relevant
7. GP schedules GP MP 3-month review appointment to track progress with NDIS and goals (may bill MBS – Item 723, if not already used in the past)

Functional Domains:	AND
<p>Mobility The ability to move around the home and community, to undertake ordinary activities of daily living requiring the use of limbs.</p> <p>Communication Being understood in spoken, written, or sign language, understanding others, and the ability to express needs.</p> <p>Social Interaction Making and keeping friends, interacting with the community, behaving within limits accepted by others, and the ability to cope with feelings and emotions in a social context</p> <p>Learning Understanding and remembering information, learning new things, practicing and using new skills. Learning does not include educational supports.</p> <p>Self-Care Activities related to personal care, hygiene, grooming, feeding oneself, and the ability to look after one's own health care needs.</p> <p>Self-Management Cognitive capacity to organise one's life, to plan and make decisions, and to take responsibility for oneself. This includes completing daily tasks, making decisions, problem solving, and managing finances.</p> <p>Resources that may help: Prompts for Clinician Report/Part F of the NDIS ARF – Eastern Health</p> <p>The Reimagine My Life A workbook to support you in particular pages 12 -13, this is a book for someone living with mental health conditions, however anyone can use it.</p> <p>Accessing the NDIS – Assisting people with psychosocial disability to access the NDIS: - a guide for Commonwealth funded community mental health service providers</p>	<p>Gathering other information to support application such as:</p> <ul style="list-style-type: none"> ➤ Reports/evidence from GPs ➤ Reports from Allied Health professionals ➤ Evidence from support workers ➤ Specialist reports ➤ Hospital discharge papers ➤ Guardianship ➤ Centrelink – Disability support pension ➤ Carer and/or participant statement ➤ Clinical Assessments Tools; <ul style="list-style-type: none"> ○ WHODAS ○ LSP16 ○ HONOS ○ ABAS – 3 Adaptive Behavioural Ax System 3rd Edition

To assist in populating information for the ARF, an interactive [Health Template for Supporting Access](#) *To be used in conjunction with the [Guideline Supporting access to the National Disability Insurance Scheme for participants](#) can be used. (Found under the 'What is the GPs role in the NDIS' tab of the [CESPHN Engaging with the NDIS webpage](#)).* These documents can also be found in Best Practice and Medical Director as templates.

How do I bill for completing an Access Request Form for a patient?
When GPs provide any details about a patient without an associated consultation and without the patient present, a Medicare rebate is not payable under subsection 19(5) of the *Health Insurance Act 1973*. However, in providing this information and completing the ARF, it is reasonable to expect that GPs will perform an examination of some description to assess or confirm the patient's current medical condition. With this examination, the time taken for GPs to provide details and information for the purposes of the NDIS, may be claimed under a Medicare item if it is part of the consultation. Consistent with the operation of the Medicare Benefits Schedule generally, it is at the GP's discretion to select the Medicare item number that most appropriately reflects the nature of the consultation.
Source: [NDIS GP and Allied Health Professional's Guide, May 2018 \(NDIA\)](#)

How long will it take me to complete the forms and how do I bill for the consultation?
It is anticipated that it will take approximately 2 visits at >40 minutes per visit, to complete the forms and discuss with participants, who already have evidence of their disability. For a participant who does not have supporting evidence, completing the Access Request Form or Supporting Evidence Form may take more time.

How do I claim for consultation when providing evidence for the NDIS?
GPs should claim normal consultation fees through the Medicare Benefits Schedule (www.mbsonline.gov.au) for the consultation when providing the evidence, a person requires for the NDIS.
Source: General Practice Toolkit: Understanding your role in the NDIS, 2018 (QDN/Brisbane North PHN)
http://www.brisbanenorthphn.org.au/content/Document/BNPHN_Understanding_Your_Role_NDIS_GP_Toolkit_May2018_FINAL_WEB.pdf

Medicare Benefits Scheme
MBS education (not NDIS Specific)
<https://www.humanservices.gov.au/organisations/health-professionals/subjects/medicare-benefits-schedule-mbs-education-health-professionals> - [Medicare Benefits Schedule Review](#) - The Medicare Benefits Schedule (MBS) Review Taskforce is considering how the more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients. The review is clinician-led and there are no targets for savings attached to the review. The taskforce recommendations will be made to the Minister. GPs and other clinicians can make a submission at any time to the [Review by email to the MBS Review team](#)



Feedback has also indicated that GPs use:

23 (Level B – Standard < 20 mins)

36 (Level C – Long >20 < 40 mins)

44 (Level D – Prolonged > 40 mins)

721 (GP Management Plan GPMP)

723 (Team Care Arrangement TCA)

272, 276, 281, 282 (Preparation of a GPMHTP) Better Access to Mental Health Care

GP Mental Health Treatment Plan

2700 (GPMH skills training not undertaken >20 mins)

2701 (GPMH skills training not undertaken >40 mins)

2715 (GP Mental Health Treatment Plan >20 mins)

2717 (GP Mental Health Treatment Plan >40 mins)

2712 (Review of a GP Mental Health Treatment plan)

2713 (GP Mental Health treatment consultation)

721, 732, 723, 729, (Chronic Disease Management Plan – Enhanced PC)

701, 703, 705, 707, 715 (that includes Health Assessments for people with Intellectual Disability)

'Whatever is most appropriate for the consultation, there is no Medicare number suitable for the NDIS'

Please refer to MBS for more accurate and up to date information