

PIP/SIP and Outcomes Payment

What support will be provided to GPs

GPs working practices registered for PIP will receive a service incentive payment (SIP-cervical screening) for screening women between 20 and 69 years who have not had a cervical smear within the last four years as these women are classified as high risk. Doctors working in practices registered for PIP that have 'signed on' for the Cervical Screening component of the incentive, and use the MBS items, will be eligible for an incentive of \$35 for each high risk patient screened.

Practice sign on payment

PIP practices that register for the cervical screening incentive will receive a one off payment of \$0.25 per SWPE (about \$250 per FTE GP). The sign on payment recognises that practices may incur up-front costs in terms of both time and resources in preparing for the cervical screening incentive.

Cervical Screening Outcomes Payment

The Cervical Screening outcomes payment, which is the final component of the Cervical Screening initiative will be paid in August 2003.

It is considered best practice for cervical screens to be conducted once every 2 years; consequently, the cervical screening outcomes payment will take into consideration all female patients aged 20 to 69 years screened within the last 24 months. Practices that reach or exceed the required level of screening will receive the outcomes payment.

Initially however, there will only be 12 months of data available for calculating the outcomes payment. Thus in August 2003, practices will receive payments if at least 35% of their female patients aged 20 to 69 years have been screened in the previous twelve months. In August 2004, this will increase to 70% coverage and practices that have screened at least 70% of female patients aged 20 to 69 years will receive the outcomes payment.

Practices reaching the target for the initial payment will receive \$2.00 per female patient (WPE) aged 20-69 inclusive. Subsequent quarterly payments will be paid at a rate of \$0.50 per female patient (WPE) aged 20-69 inclusive.

Screening services conducted during 1 April 2002 to 31 March 2003 will be included in the calculations for the first outcomes payment in August 2003.

How much a practice can earn from Pap Smears?

Payment for Accredited Practices who have signed on for PIP and have signed on for the cervical screening component			
Patients (more than 4 years since screening)	Once only sign on payment	\$35 per patient	Payment per practice
5 patients	\$250.00	\$175.00	\$425.00
10 patients	\$250.00	\$350.00	\$600.00
20 patients	\$250.00	\$700.00	\$950.00
25 patients	\$250.00	\$875.00	\$1,125.00
30 patients	\$250.00	\$1,050.00	\$1,300.00
40 patients	\$250.00	\$1,400.00	\$1,650.00
50 patients	\$250.00	\$1,750.00	\$2,000.00

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General Practitioner Cervical Screening Incentives

For cervical smears from unscreened or significantly under screened woman. (When the cervical smear is taken from a woman between the ages of 20 and 69 inclusive, who has not had a cervical smear in the last 4 years.)

Item Number	Item Level	Fee	Benefit 75%	Benefit 85%	Derived Free	Description
2501	B	\$29.45	\$22.10	\$25.05		Surgery Consultation (selective history) less than 20 minutes. (See explanatory notes)
2503	Out of surgery	\$29.45	\$22.10	\$25.05	In addition \$20.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - add \$1.45 per patient 2504	Professional attendance at a place other than consulting rooms. (See explanatory notes)
2504	C	\$55.95	\$42.00	\$47.60		Surgery Consultation (detailed history) more than 20 minutes. (See explanatory notes)
2506	Out of surgery	\$55.95	\$42.10	\$25.10	In addition \$20.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - add \$1.45 per patient 2507	Professional attendance at a place other than consulting rooms. (See explanatory notes)
2507	D	\$82.40	\$61.80	\$70.05		Surgery consultation (exhaustive history) more than 40 minutes (See explanatory notes)
2509	Out of surgery	\$82.40	\$61.80	\$70.05	In addition \$20.60 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - add \$1.45 per patient 2509	Professional attendance at a place other than consulting rooms. (See explanatory notes)
2600	Standard Consultation	\$21.00	\$15.75	\$17.85		Surgery Consultation. Between 5-25 minutes. (See explanatory notes). Non VR.
2603	Long Consultation	\$38.00	\$28.50	\$32.30		Surgery Consultation. Between 25-45 minutes. (See explanatory notes). Non VR.
2606	Prolonged Consultation	\$61.00	\$45.75	\$51.85		Surgery 45 minutes and over. (See explanatory notes). Non VR
2610	Out Of Surgery	\$21.00	\$15.75	\$17.85	In addition \$16.00, plus \$17.50 divided by the number of patients seen, up to a maximum of 6 patients. For seven patients or more \$16.00 plus \$0.70 per patient.	Surgery Consultation. Between 5-25 minutes. (See explanatory notes)
2613	Long Consultation	\$38.00	\$28.50	\$51.85	In addition \$35.50, plus \$15.50 divided by the number of patients seen, up to a maximum of 6 patients. For seven patients or more \$35.50 plus \$0.70 per patient.	Surgery Consultation. Between 25-45 minutes. (See explanatory notes)
2616	Prolonged Consultation	\$61.00	\$45.75	\$32.30	In addition \$57.50, plus \$15.50 divided by the number of patients seen, up to a maximum of 6 patients. For seven patients or more \$57.50 plus \$0.70 per patient.	Surgery 45 minutes and over. (See explanatory notes)

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Potential Practice Income

Number of Patients	Accredited Practices who have signed on for the PIP Payment and Cervical Screening component								
	Item Number 2501			Item number 2504			Item Number 2507		
	Fee	Benefit 75%	Benefit 85%	Fee	Benefit 75%	Benefit 85%	Fee	Benefit 75%	Benefit 85%
10	\$294.50	\$221.00	\$250.50	\$ 559.50	\$420.00	\$ 476.00	\$ 824.00	\$ 618.00	\$ 700.50
20	\$589.00	\$442.00	\$501.00	\$ 1,119.00	\$ 840.00	\$ 952.00	\$ 1,648.00	\$ 1,236.00	\$ 1,401.00
25	\$736.25	\$552.50	\$626.25	\$ 1,398.75	\$1,050.00	\$ 1,190.00	\$ 2,060.00	\$ 1,545.00	\$ 1,751.25
30	\$883.50	\$663.00	\$751.50	\$ 1,678.50	\$1,260.00	\$ 1,428.00	\$ 2,472.00	\$ 1,854.00	\$ 2,101.50
40	\$1,178.00	\$884.00	\$1,002.00	\$ 2,238.00	\$1,680.00	\$ 1,904.00	\$ 3,296.00	\$ 2,472.00	\$ 2,802.00
50	\$1,472.50	\$1,105.00	\$1,252.50	\$ 2,797.50	\$ 2,100.00	\$ 2,380.00	\$ 4,120.00	\$ 3,090.00	\$ 3,502.50

Number of Patients	Accredited Practices who have signed on for the PIP Payment and Cervical Screening component								
	Item Number 2600			Item number 2603			Item Number 2606		
	Fee	Benefit 75%	Benefit 85%	Fee	Benefit 75%	Benefit 85%	Fee	Benefit 75%	Benefit 85%
10	\$ 210.00	\$ 157.50	\$ 178.50	\$518.50	\$ 285.00	\$ 380.00	\$ 610.00	\$ 323.00	\$ 457.50
20	\$ 420.00	\$ 315.00	\$ 357.00	1,037.00	\$ 570.00	\$ 760.00	\$ 1,220.00	\$ 646.00	\$ 915.00
25	\$ 525.00	\$ 393.75	\$ 446.25	1,296.25	\$ 712.50	\$ 950.00	\$ 1,525.00	\$ 807.50	\$ 1,143.75
30	\$ 630.00	\$ 472.50	\$ 535.50	1,555.50	\$ 855.00	\$ 1,140.00	\$ 1,830.00	\$ 969.00	\$ 1,372.50
40	\$ 840.00	\$ 630.00	\$ 714.00	2,074.00	\$1,140.00	\$ 1,520.00	\$ 2,440.00	\$ 1,292.00	\$ 1,830.00
50	\$ 1,050.00	\$ 787.50	\$ 892.50	2,592.50	\$1,425.00	\$ 1,900.00	\$ 3,050.00	\$ 1,615.00	\$ 2,287.50

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MBS Item numbers *Explanatory Notes*

LEVEL 'B'

Professional attendance involving taking a selective history, examination of the patient with the implementation of a management plan in relation to one or more problems, OR a professional attendance of less than 20 minutes duration involving components of a service to which item [36](#), [37](#), [38](#), [40](#), [43](#), [44](#), [47](#), [48](#), [50](#) or [51](#) applies;

LEVEL 'C'

Professional attendance involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to one or more problems and lasting at least 20 minutes, OR a professional attendance of less than 40 minutes duration involving components of a service to which item [44](#), [47](#), [48](#), [50](#) or [51](#) applies;

LEVEL 'D'

Professional attendance involving taking an exhaustive history, a comprehensive examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to one or more complex problems and lasting at least 40 minutes, OR a professional attendance of at least 40 minutes duration for implementation of a management plan; AND at which a cervical smear is taken from a woman between the ages of 20 and 69 inclusive, who has not had a cervical smear in the last 4 years

Taking a cervical smear from a woman who is unscreened or significantly under-screened (Items [2501](#) - [2509](#) and [2600](#) - [2616](#)) The item numbers [2501](#), [2503](#), [2504](#), [2506](#), [2507](#), [2509](#), [2600](#), [2603](#), [2606](#), [2610](#), [2613](#) and [2616](#) should be used in place of the usual attendance item where as part of a consultation, a medical practitioner takes a cervical smear from a woman between the ages of 20 and 69 inclusive, who has not had a cervical smear in the last 4 years.

The items apply only to women between the ages of 20 and 69 inclusive who have a cervix, have had intercourse and have not had a cervical smear in the last four years.

When providing this service, the doctor must satisfy themselves that the woman has not had a cervical smear in the last four years by: - asking the woman if she can remember having a cervical screen in the last four years; and - checking their own practice's medical records. If significant uncertainty

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still remains, the doctor may also contact his/her state cervical screening register. (See Pap Test Register page 21).

Women from the following groups are more likely than the general population to be unscreened or significantly under- screened - low socioeconomic status, culturally and linguistically diverse backgrounds, Indigenous communities, rural and remote areas and older women.

Vault smears are not eligible for items [2501 - 2509](#) and [2600 - 2616](#). A.27.6 In addition to attracting a Medicare rebate, the use of these items will initiate a cervical screening incentive payment through the Practice Incentives Program (PIP).

From 1 November 2001, a PIP incentive for taking a cervical screen from women who have not been screened for four years became available. This incentive is paid to the bank account nominated by the medical practitioner who provided the service, in accordance with individual practice arrangements, if the service was provided in a general practice participating in the PIP.

More detailed information on this incentive was provided separately to practices participating in the PIP and is available from the HIC PIP enquiry line on 1800 222 032 or www.hic.gov.au/pip [[MBS HOME](#)] [[HEALTH AND AGEING](#)] [[PUBLICATIONS](#)] [[FEEDBACK](#)] [[SEARCH](#)] [[Copyright](#)] [[Disclaimer](#)] [[Privacy](#)]

This page was produced by the Health Access and Financing Division,
Commonwealth Department of Health and Aged Care, 1 November 2002.

URL: http://www.health.gov.au/pubs/mbs/mbs/css/mbs_book_november_2002_99.htm

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