

Practice Incentives Program (PIP)

Procedural GP Payment

The Practice Incentives Program (PIP) Procedural GP Payment aims to encourage general practitioners in rural and remote areas to maintain local access to surgical, anaesthetic and obstetric services.

Procedural GPs provide non-referred procedural services that in urban areas would normally be a specific referral-based specialty.

Eligible procedural services

The eligible procedural services are clinically relevant professional services that are listed in the Medicare Benefits Schedule and attract an anaesthetic fee.

Eligible procedural services are:

- obstetric delivery
- general anaesthetic
- major regional blocks
- abdominal surgery
- gynaecological surgery requiring general anaesthetic
- endoscopy.

The procedural services must:

- use facilities and resources which are centralised
- involve a team of health professionals
- be done by a GP who participates in an appropriate skills maintenance program in the relevant procedural areas.

Minor procedures, such as aspiration of a knee joint, do not fit the intent of this payment.

Eligibility for the PIP Procedural GP Payment

To be eligible for the PIP Procedural GP Payment, the practice must:

- participate in the PIP
- meet the PIP eligibility criteria
- have at least one procedural GP registered with the PIP for the entire reference period, providing one or more eligible procedural services
- meet the activity requirements for claiming the relevant payment tier
- be in a Rural, Remote and Metropolitan Area (RRMA) 3-7 location, as defined on the Australian Institute of Health and Welfare website

- ensure the GP providing the services has a level of professional indemnity insurance that indicates they are covered to perform procedural services.

Practices that register their procedural GPs part way through a reference period can apply for the Procedural GP Payment during that reference period.

Practices will be eligible for payment in the first reference period where they have met all other eligibility requirements.

After that, practices need to ensure they meet all eligibility requirements for each entire reference period to continue to be eligible for payment.

Tiers of the PIP Procedural GP Payment

The PIP Procedural GP Payment has four tiers of payment, as outlined in the table on the next page. The tiers are not cumulative and each individual GP can only qualify for one tier per payment period.

Rural loading will be automatically applied to the PIP Procedural GP Payment, which varies according to the location of the main practice.

Limits of the PIP Procedural GP Payment

There is no limit to the number of procedural GPs who can generate payments for a practice. However, to be eligible for a payment, GPs must both:

- individually meet the requirements of the tier
- be at the practice at the point in time date before the payment month.

Practices with more than one GP performing procedural services can't combine the number of services to receive a payment. GPs can't claim procedural services for more than one practice at a time. GPs who perform procedural services at more than one practice must specify which practice the payment should go to.

Further information

To find out more about the Practice Incentives Program (PIP) Procedural GP Payment and how to apply, visit the Services Australia website, call 1800 222 032 or email pip@servicesaustralia.gov.au

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.

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PIP Procedural GP Payment Schedule

Tier	Activity required for payment
Tier 1 \$1,000 per procedural GP per six-month reference period	A GP must provide at least one of the following procedural services in the six-month reference period: <ul style="list-style-type: none"> • obstetric delivery • general anaesthetic • major regional blocks • abdominal surgery • gynaecological surgery requiring general anaesthetic • endoscopy.
Tier 2 \$2,000 per procedural GP per six-month reference period	A GP must both: <ul style="list-style-type: none"> • meet the Tier 1 requirements • provide after-hours procedural services on a regular or rostered basis - 15 hours per week on average, either on call or on a roster, throughout the entire six-month reference period, except for the first reference period when they apply.
Tier 3 \$5,000 per procedural GP per six-month reference period	A GP must both: <ul style="list-style-type: none"> • meet the Tier 2 requirements • provide 25 or more eligible surgical, anaesthetic or obstetric services in the six-month reference period.
Tier 4 \$8,500 per procedural GP per six-month reference period	A GP must both: <ul style="list-style-type: none"> • meet the Tier 2 requirements • deliver 10 or more babies in the six-month reference period. <p>If a sole GP in a community delivers less than 10 babies, but meets the obstetric needs of the community, the practice may qualify for a Tier 4 payment.</p> <p>The practice will need to show that it is delivering all the babies in the community to be eligible for this payment.</p> <p>Practices with more than one GP can't combine the number of deliveries in the practice to qualify for this tier.</p> <p>Practices with exceptional circumstances can contact Services Australia by calling 1800 222 032 or emailing pip@servicesaustralia.gov.au</p>

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