

# Referrals 101

## How do I choose a specialist to refer to?

Keep an up-to-date list of practitioners with their subspecialties or special interests. Resources include *HealthPathways* available online through local Primary Health Networks, directories produced by specialty bodies, or colleagues. Involve the patient and consider location, cost and past experience.

## Should I write an open or a named referral?

You can write a referral to a specific named specialist, but this is not a requirement. An open referral is acceptable, and it is up to the specialist to accept the referral.

## How do I write an effective referral letter?

Consider what the reader needs to know to provide care. Referral letters must be tailored to the patient. Current medications, comorbidities and allergies are vital. Family history, occupation, and smoking or alcohol consumption may be helpful. Don't include sensitive information irrelevant to the referral. The RACGP provides suggested phrasing and structures for referral letters.<sup>1</sup> In specialist-to-specialist referrals, it usually helps to copy in the patient's regular GP.

## Do referral letters need to be printed and hand-signed?

No. Referrals can be sent electronically if acceptable to the referee. Medicare accepts electronic signatures. The referral needs to be generated by sole-usage software and include the date of creation, with a timestamp. Sign off the letter as "electronically signed by" with your designation and name.

You must take reasonable data security measures – such as secure messaging, password-protected or encrypted files, deleting emails from the 'sent box', staff training, and general IT security measures.

## What do I need to know about provider numbers and Medicare?

You must have your own unique provider number to refer, request and claim MBS items via Medicare. You need a provider number for each location you work at. Working in GP respiratory practices or an Urgent Care Clinic requires an additional provider number. If you leave a location and close any provider numbers (where the patient hasn't yet seen the specialist), their Medicare claim will be rejected.

## What is a valid referral for Medicare purposes?

A referral must include patient contact information, relevant clinical information, previous or current management, any investigations, date the referral was created, and your provider number and signature.

## How long are referrals valid for?

Standard single-course treatment referrals from a GP to a specialist or consultant physician are valid for 12 months, starting from the patient's first visit to the specialist.<sup>2</sup> GPs can refer beyond 12 months or indefinitely if the patient needs ongoing care. However, a new referral is needed if the patient has a new or unrelated condition while on an indefinite referral. 'Specialist to Specialist' referrals are valid for three months.<sup>3</sup>

## Can I backdate a referral?

Patients who have let a referral lapse may ask for a backdated one so they can claim Medicare benefits for seeing a specialist. You should not agree to do this, as it is unlawful under the *Health Insurance Act 1973* (Cth). Ensure practice staff know this. Try to prevent such requests by educating patients about valid referrals.

## Do I need to check that the patient attends?

When making a referral, if the outcome for the patient is likely to be clinically significant, the patient should be flagged for follow-up. This usually involves use of the recalls function of the practice software, and preferably a practice-wide system is consistently followed by all staff. See the RACGP's *Standards for general practices, 5th edition*: Criterion GP2.2.<sup>4</sup>

## What should I expect from the practitioner I referred to?

Timely communication about the patient's condition and planned treatment, any guidance or instructions for you, clarification of responsibility for ongoing scripts, copies of investigations, and updates on management (including if they have discharged the patient).

### Further information

- Department of Health & Aged Care: **A guide for GPs – referrals to medical specialists**
- RACGP: **Referring to other medical specialists**

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References available on request.