MBS ITEM NUMBERS

Over 75 Cycles of Care



An Australian Government Initiative

Health Assessments GROUP 14							
Item	Amount Paid	Time Required	Number per year	Benefit Description	Terms and Conditions		
701	\$59.35	Brief 30 min.	1 per 12	Over 75 health assessments. Time inclusive of GP and Practice Nurse	A full systems review, must include: a Detailed & relevant medical history b Comprehensive medical assessment c List of diagnoses & problems d Summary of outcomes for provision of care The length of the assessment must be reflective of the complexity in health conditions of the patient Regulatory requirements: A 25		
703	\$137.90	Standard 30 min to 45 min.	month period, or at a major change in				
705	\$190.30	Long than 45 min to 60min.	health				
707	\$268.80	Prolonged more than 60 min.					

Care Planning GROUP 15, Subgroup 1						
Item	Amount Paid	Claiming Period	Benefit Description	Terms and Conditions Care planning to be undertaken by the patient's usual medical practitioner; i.e. their usual GP		
721	\$144.25	12 months	Preparation of GP Management Plan: Management plan for patients with a chronic or terminal condition.	The GP (who may be assisted by their practice nurse or other) assesses the patient: a Agrees management goals and identifies actions to be taken by the patient b Identifies treatment and ongoing services to be provided, c Documents these in the GP Management Plan.		
723	\$114.30	12 months	Preparation of a Team Care Arrangement: Management plan for patients with a chronic or terminal condition and complex needs requiring ongoing care from a team including the GP and at least 2 other health or care providers.	Enables referral for 5 rebated allied health services Involves a GP (who may be assisted by their practice nurse or other) collaborating with the participating providers on required treatment/services and documenting this in the patient's TCA.		
732	\$72.05	3 months	Review of a GPMP and or TCA. Can be claimed twice in the same day. 1 per review of GPMP and or TCA	Must be performed at least once over the life of the plan.		
729	\$70.40	Every 3 months	Contribution to a Multidisciplinary Care Plan and or Review of a MDC prepared by another Provider	To be used for those not on a GPMP or TCA The 729 cannot be charged within 12 months of a GPMP or TCA.		

Case Conferencing GROUP 15, Subgroup 2					
Item	Amount Paid	Time Required	Number per year	Benefit Description	Terms and Conditions Medical conditions must have existed for at least 6 months or be terminal.
735	\$70.65	15 to 20 mins.	No more than 5 per year Conference	_	GP to organise and coordinate
739	\$120.95	20 to 40 mins.		a Case Conference	Case conference process must include: a Discussion of patient history b Identify multi-disciplinary care needs c Identify outcomes from care and service by care team d Identify tasks to achieve outcomes and allocate to Care team members e Assessing whether previous outcomes have been achieved.
743	\$201.65	More than 40 mins.			
747	\$51.90	15 to 20 mins.	No more than 5 per year	Participate in a Case Conference	Medical conditions must have existed for at least 6 months
750	\$89.00	20 to 40 mins.			or be terminal. GP to participate.
758	\$148.20	More than 40 mins.			or to participate.

Home I	Home Medicine Review Medication Management						
Item	Amount Paid	Time Required	Number per year	Benefit Description	Terms and Conditions		
900	\$154.80	Bill upon completion of a HMR	Once every 12 months	Review of Medications in collaboration with a Pharmacist	Participation by a GP in a Medication review for a Patient living in the community, must include: a Consent from the patient b Assessment of patient's medication management needs. c Referral to Pharmacist including a health summary and review of Patients needs d Discussion of Pharmacist findings and review with pharmacist e Develop written medication plan for Patient and discussion with Patient		

PATHWAY

Over 75 Annual Cycle of Care



An Australian Government Initiative



Item: 701-707 time based

Practice Nurse and GP contribute

Every 12 months

No Home Support needs

Needs Home Support and/or is Carer

Support selfmanagement

GPMP- active management of conditions

TCA to enable referral for Allied Health

Item 721/723

Every 12 months

Medication Review

Bill upon receipt of report from Pharmacist; and completed review with patient

Item 900

Every 12 months

Support Shared Care

GPMP- management and monitoring of conditions

TCA – to support / direct team on care

Item 721/723

Every 12 months

Case Conferencing

Consider as a support tool for Families and Carers.

Organise Case Conference.

Items: 735, 739, 743

Participate in Case Conference.

Items: 747, 750, 758

NO more than 5 per year

GPMP / TCA Review

Ongoing monitoring, review of team responses and management of conditions.

Item 732: bill twice on the same day, review of the GPMP and TCA

At least every 6 months. Minimum claim period 3 months.

Practice Nurse

Support and monitoring of those with a Care Plan in place. Item 10997: bill 5 per calendar year

Service Incentive Items

Respiratory Cycle of Care (COC)

Completion of a Respiratory COC

Level B 2546

Level C 2552

Level D 2558

Once every 12 months

Diabetes Cycle of Care (COC)

Completion of a Diabetes COC

Level B 2517

Level C 2521

Level D 2525

Once every 12 months