MBS Item No's for Patients over 75 years

Central Bayside General Practice Association

WHAT TYPE OF PATIENT?	ITEMS DESCRIPTION	ROLE OF OTHER TEAM MEMBERS IN ADDITION TO GP	OTHER RELEVANT ITEMS TO CONSIDER	FREQUENCY	MBS ITEM No.	SCHEDULED FEE
All patients at least 75 years old	Health Assessment ~ At consulting rooms	The information collection component can be assigned to appropriately skilled person, deemed by the GP (eg: Practice Nurse)	Home Medicines Review (900) if difficulty with medication management. GP Management Plan (721) for patients with chronic/terminal conditio	1 per year	700	$167.45
	Health Assessment ~ At home or equivalent (excl permanent Aged Care residents)		Team Care Arrangement (723) for patients with chronic/terminal condition + ongoing care from 2 providers	1 per year	702	$236.85
For patients with a chronic or terminal condition	Preparation of a GP Management Plan (GPMP)	The information collection component can be assigned to appropriately skilled person, deemed by the GP (eg: Practice Nurse)	Team Care Arrangement (723) Home Medicines Review (900)	Every 2 years (min 12 months)	721	$124.95
	Review of a GP Management Plan (GPMP)	The information collection component can be assigned to appropriately skilled person, deemed by the GP (eg: Practice Nurse). Support from PM for initiating recall and review.		6 monthly (min 3 months)	725	$62.50
For patients with a chronic or terminal condition + require ongoing care from a multidisciplinary team	Coordinating a Team Care Arrangement (TCA)	TCA Must involve 2 other allied health providers. The information collection component can be assigned to appropriately skilled person, deemed by the GP (eg: Practice Nurse).	Patient has access to 5 allied health and 3 dental services per calendar year, GP must claim TCA item for services to be available. In most cases patient will have a GPMP (721) in place.	Every 2 years (min 12 months)	723	$98.95
	Review of a Team Care Arrangement (TCA)	The information collection component can be assigned to appropriately skilled person, deemed by the GP (eg: Practice Nurse). Support from PM for initiating recall and review.		6 monthly (min 3 months)	727	$62.50
	Organise & Coordinate a Case Conference	TCA Must involve at least 2 other allied health providers. Support from PN for ID allied health providers.	GPMP (721) or TCA (723)	5 per year	740 15-30min 742 30-45min 744 > 45min	$83.75 $125.65 $167.45
	Participate in a Case Conference	GP as member of case conference team		5 per year	759 15-30min 762 30-45min 765 > 45min	$59.80 $95.70 $131.55
For patients with a mental health condition (ICD 10)**	Preparation of a GP Mental Health Plan	Referral to: psychologist, appropriately trained GP or allied MH professional. Support from PN by ID relevant patients and initiating referral to approved MH providers.	Patient has access to up to 12 rebates per calendar year for FPS.	1 per year	2710	$150
	Review of a GP Mental Health Plan	Support from PM for initiating recall and review.	A GP Mental Health Plan (2710) must be in place to claim this item.	3 monthly	2712	$100
	GP Mental Health Consultation duration of at least 20 min			No restriction	2713	$66
Patients with established diabetes mellitus	Completion of a Diabetes Cycle of Care ±	The information collection component can be assigned to appropriately skilled person, deemed by the GP (eg: Practice Nurse, Diabetes/Asthma Nurse)	In addition to attracting a Medicare rebate, recording a completion of care cycle through the use of these items will initiate a diabetes/asthma incentive payment through the Practice Incentive Program (PIP).	1 per year	2517	$32.10
Patients with moderate to severe asthma	Completion of the Asthma Cycle of Care ±				2546	$32.10
For patients likely to benefit from a medication review	Home Medicines Review (HMR)	Referral to pharmacist to undertake medication management review. Support from PN by ID relevant patients and initiating referral to community pharmacist.		1 per year	900	$134.10
FOR PATIENTS LIVING IN RESIDENTIAL AGED CARE						
All permanent residents of Aged Care Facilities	Comprehensive Medical Assessment (CMA) at facility or consulting rooms	The information collection component can be delegated to Practice Manager or Practice Nurse (or a nurse from the ACF if appropriate).	Residential Medication Management Review (RMMR) for patients likely to benefit from a review	1 per year	712	$187.65
	Contribution to a Care Plan/Review	GP makes a contribution to the residents care plan on the request of the Aged Care Facility. GP collaborates with ACF staff.	Residents have access to 5 allied health and 3 dental care items GP must claim item 731 for services to be available, if relevant as part of care plan.	6 monthly (min 3 months)	731	$43.40
For residents with one or more medical condition(s) likely to be present for > 6 months or that is terminal	Organise & Co-ordinate a Case Conference	Must involve at least 2 other health providers.	CMA (712) or RMMR (903).	5 per year	734 15-30min 736 30-45min 738 > 45min	$83.75 $125.65 $167.45
	Participate in a Case Conference	GP as member of case conference team		5 per year	775 15-30min 778 30-45min 779 > 45min	$59.80 $95.70 $131.55
For residents likely to benefit from a medication review	Residential Medication Management Review (RMMR)	Referral to pharmacist to undertake medication management review. Support from PN by ID relevant patients and initiating referral to reviewing pharmacist.		1 per year	903	$91.85

Information prepared and checked correct April 2007. MBS GP Item payments are accurate as of November 2006 & are subject to yearly indexation. * CDM services can be provided more frequently in circumstances where there has been a significant change in patients clinical condition ** Mental Disorder refers to a range of clinically diagnosable disorders that significantly interfere with individual's cognitive, emotional or social abilities. WHO 1996, ICD-10 Chapter V Primary Care Version ± These chronic disease item numbers attract a sign on payment and an outcomes payment to practices in addition to the medicare rebate. All services must contain a personal attendance with GP. All items should be undertaken by patient's 'usual GP' - ie: GP or GP at same practice who has provided majority of services in last 12 months IMPORTANT: GPs should refer to the Medicare Benefits Schedule for details of the requirements for these items - http://www9.health.gov.au/mbs/search.cfm For the most up to date information the website is the most reliable resource.

medicare

For detailed information on any item number we suggest that you use the search function in the website listed below. And yes, we know the web address looks strange, but this is the correct site.

Maybe save this site in your "favourites" list for future reference as well.

http://www9.health.gov.au/mbs/search.cfm

This website, MBS Online, contains the Medicare Benefits Schedule (MBS), a listing of the Medicare Services subsidised by the Australian Government.

The Schedule is part of the wider Medicare Benefits Scheme managed by the Department of Health and Ageing and administered by Medicare Australia.

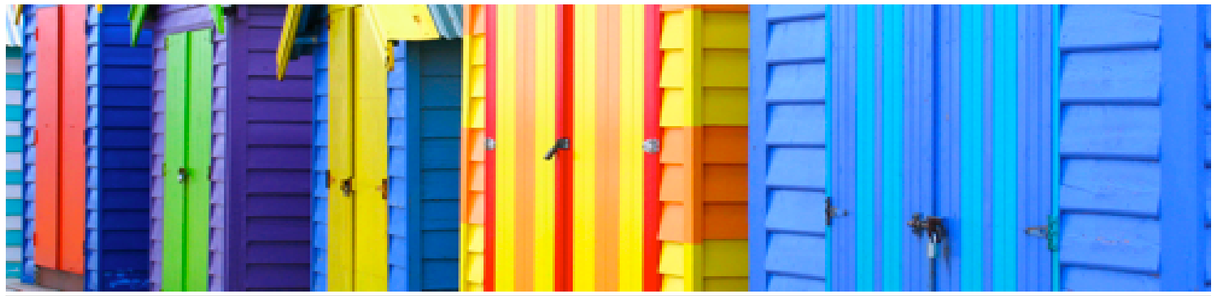
MBS Online contains the latest MBS information and is updated as changes to the MBS occur. "Search the MBS" allows quick searches for:

- Medicare Items (either by Item Number or Item Description)
- Explanatory Notes (either by Note Number or Note Description)

The Department of Health is now only producing supplements online in May and July.

Alternatively please contact the Association for assistance.

Information correct as at April 2007



CENTRAL BAYSIDE GENERAL PRACTICE ASSOCIATION LTD WALLCHART I

YOUR MBS WALL CHART

For Patients over 75 + years old

Message from Kath Ferry, CEO, Central Bayside General Practice Association

This is the first in a series of wall charts that the Association is producing to help practices better access relevant MBS items. This poster summarises all of the MBS item numbers, and the conditions that apply, for **elderly** patients in keeping with the theme of the Newsletter – Aged Care.

If you need more detailed information, either contact a staff member from the Association, or access the relevant Medicare website (given on the back page). We hope you find this useful and always welcome feedback on how to make it even better for you.

Kath Ferry.