

## Chronic Disease Management MBS Item Numbers

MBS No	CDM Item	Medicare Fee	Prepared by	Patient Eligibility	Recommended frequency	Minimum claiming period	Tasks
721	Preparation of GP Management Plan (GPMP)	\$124.95	GP*	Patient with a chronic or terminal condition or Private in-patient being discharged from hospital (including residents of aged care facilities)	Once every 2 years supported by regular review services (see 725)	12 mths**	<ul style="list-style-type: none"> <li>• Explain to patient and record patient's agreement</li> <li>• Assess patient re health care needs, problems, conditions</li> <li>• Agree on management goals with patient</li> <li>• Identify any actions to be taken by patient</li> <li>• Identify required treatment and services and make arrangements</li> <li>• Document patient needs, goals, patient actions, treatment/services and a review date ie completing the GP Management Plan</li> <li>• Offer copy of Plan to patient (and carer if patient consents)</li> </ul>
725	Review of GP Management Plan	\$62.50	GP*	For patient who has a current GPMP (721) and require a review	Once every 6 months, can be earlier if clinically required	3 mths**	<ul style="list-style-type: none"> <li>• Review GP Management Plan (above)</li> <li>• Document any changes</li> <li>• Set next review date</li> </ul>
723 <sup>+</sup>	Coordination of Team Care Arrangements (TCA)	\$98.95	GP*	Patient with a chronic or terminal condition who also requires ongoing care from a multidisciplinary team of at least 2 health or care providers plus the GP. or Private in-patient being discharged from hospital (including residents of aged care facilities)	Once every 2 years, supported by regular review services (see 727)	12 mths**	<p>In most cases the patient will already have a GP Management Plan (Item 721) in place.</p> <ul style="list-style-type: none"> <li>• Explain to patient and record patient's agreement</li> <li>• Discuss with patient which service providers should be asked to collaborate in TCA</li> <li>• Gain patient's agreement to share relevant information</li> <li>• Contact proposed providers and obtain their agreement to participate</li> <li>• Collaborate with participating providers re services, goals</li> <li>• Document goals, collaborating providers, treatment/services, patient actions and a review date ie complete the TCA document</li> </ul>
727	Coordination of Review of Team Care Arrangements	\$62.50	GP*	For patient who has a current TCA (723) and require a review	Once every 6 months, can be earlier if clinically required	3 mths**	<ul style="list-style-type: none"> <li>• Collaborate with participating providers on progress against treatment / services.</li> <li>• Document any changes to patient's TCA.</li> </ul>
729	Contribution by GP to a multidisciplinary care plan being prepared by another health or care provider	\$43.40	Other provider	Patient having a multidisciplinary care plan prepared or reviewed by another health or care provider	Once every 6 months, can be earlier if clinically required	3 mths*	<ul style="list-style-type: none"> <li>• Collaborate with the providers preparing or reviewing the plan.</li> <li>• Include GPs contribution to care plan in patient's records.</li> </ul>
731 <sup>++</sup>	Contribution by GP to multidisciplinary care plan prepared by another health or care provider for resident of an aged care facility	\$43.40	Other provider	Patient in residential aged care facility having a multidisciplinary care plan prepared or reviewed by another health or care provider	As for Item 729	3 mths*	As for Item 729

\* In preparing a GPMP or TCA or review items a GP may be assisted by their practice nurse or other health professional in the GP's medical practice.

\*\* CDM services can also be provided more frequently in exceptional circumstances – where there has been a significant change in the patient's clinical condition or care circumstances.

+ Patients who have both a GPMP (721) and a TCA (723) have access to the allied health and dental care MBS items (maximum 5 allied health and 3 dental services per 12 month period)

++ Residents of aged care facilities whose GP has contributed to a care plan developed by the aged home have access to the allied health and dental care items