

PATIENT

Attendance by a General Practitioner to review or coordinate a review of:

- **GP Management Plan** prepared by a General Practitioner (or an associated General Practitioner) to which item 721 applies
- OR
- **Team Care Arrangements** which have been coordinated by the General Practitioner (or an associated General Practitioner) to which item 723 applies

Item 732 can also be used to Coordinate a Review of a Multidisciplinary Community Care Plan (former item 720) or to Coordinate a Review of a Discharge Care Plan (former item 722), where these services were coordinated or prepared by that General Practitioner (or an associated General Practitioner), and not being a service associated with a service to which items 735-758 apply.

Description	Item No	Minimum claiming period*
Preparation of a GP Management Plan (GPMP)	721	12 months
Coordination of Team Care Arrangements (TCAs)	723	12 months
Contribution to a Multidisciplinary Care Plan, or to a Review of a Multidisciplinary Care Plan, for a patient who is not a care recipient in a residential aged care facility	729	3 months
Contribution to a Multidisciplinary Care Plan, or to a review of a multidisciplinary care plan, for a resident in an aged care facility	731	3 months
Review of a GP Management Plan or Coordination of a Review of Team Care Arrangements	732	3 months

CDM services may be provided more frequently in the exceptional circumstances defined below. Exceptional circumstances exist for a patient if there has been a significant change in the patient's clinical condition or care requirements that necessitates the performance of the service for the patient.

Items 721, 723, 729, 731 and 732 provide rebates to manage chronic or terminal medical conditions by preparing, coordinating, reviewing or contributing to chronic disease management (CDM) plans. They apply for a patient who suffers from at least 1 medical condition that has been present (or is likely to be present) for at least 6 months or is terminal.

Item 732 can be claimed twice on the same day providing an item 732 for reviewing a GP Management Plan and another 732 for reviewing Team Care Arrangements (TCAs) are both delivered on the same day as per the MBS item descriptors and explanatory notes.

If a GPMP and TCAs are both reviewed on the same date and item 732 is to be claimed twice on the same day, both electronic claims and manual claims need to indicate they were rendered at different times.

[Source: Medicare Benefits Schedule](#)



RECEPTION

Action

1. Confirm patient appointment the day before via phone or SMS
2. Use MBS Online to check eligibility for **GP and/or Medical Practitioner MBS Item Numbers**
3. Document eligibility and MBS Item Numbers in **Appointment Notes**

Example format:
 DD/MM/YY ELG 721, 723, 732

CDM items example format:
 Last 721/723 DD/MM/YY
 Last 732/732 DD/MM/YY
4. Update **Patient Details** on arrival

Additional Information

GP MBS Item Numbers

Care Plans & Review 721, 723, 732
 Health Assessments 701, 703, 705, 707
 ATSI Health Assessment 715
 Home Medicine Review (HMR) 900, 903
 Mental Health 2700, 2701, 2712, 2715, 2717

[Source: Medicare Benefits Schedule](#)

Medical Practitioner MBS Item Numbers

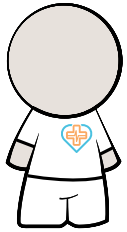
Care Plans & Review 229, 230, 233
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Appointment Notes

- By documenting here, all the staff can quickly identify if the patient is eligible for any CDM items.
- It is also helpful for clinical staff to know when the last CDM items took place at your clinic, as the clinical record is not always an accurate picture of what was actually billed. For example, the patient record shows GPMP completed on a certain date but this may not reflect in the billing (omitted or rejected).


Patient Details

- Address/Phone/NOK/Emergency Contact
- Medicare
- Pension
- Healthcare Card



NURSE/AHW

Action

5. Review patient [Eligibility](#) for GPMP Review and/or TCA Review and consider other additional CDM item numbers (Use MBS Billing Combinations)
6. Use  **CDMPLUS**[®] shortcut for your progress notes
7. Review clinical record [Before you see the patient](#)

Document:

- Date of last GPMP/TCA and dates of last Reviews
- Reason for the management plan list the chronic or terminal condition eg Diabetes

8. Explain the steps in preparing the review and document patient [Consent](#)

Example format:

Review of GPMP for asthma.
Last GPMP billed DD/MM/YY, no TCA, eligible and consents to same.

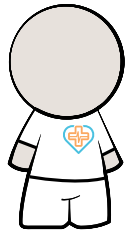
Additional Information

Eligibility

- Is the patient eligible for any other CDM Item Numbers?
- Is the patient eligible for a Health Assessment?
- Is the patient eligible for a Home Medicines Review?
- Consider completing activities on the day such as HMR referral. Patients may be rebooked for activities that need more time such as Health Assessments.

Before you see the patient

- Take a few minutes before calling your patient in from the waiting room to get to **know your patient** and start completing your progress notes.
- Reviewing the clinical record will let you know what is missing and guide the time you have with the patient. It will also make sure you give the patient your full attention (which can help increase patient engagement).



NURSE/AHW

Action

9. Update **Patient Details** in clinical software (not in progress notes)

10. Record relevant **Observations** for patient age and conditions

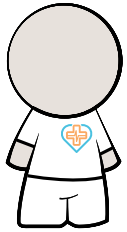
Additional Information

Patient Details

Allergies	Review and update Allergies	
Smoking	Complete all sections in smoking assessment Document increase or decrease	
Alcohol	Complete all sections in alcohol assessment Document increase or decrease	
Ethnicity	Update Ethnicity	
Australian Defence Force	Update Australian Defence Force status	
Family History	Parents	Siblings
<p>Example format: Father died aged 55yr-AMI, Diabetes Mother alive aged 65yr-Asthma</p> <p>Example format: 1 Brother & 1 Sister 1 Brother died aged 23yr-MVA 1 Sister alive aged 35yr-Breast Cancer</p>	Alive or Deceased (cause of death if known) Age and Medical Conditions	Number of Siblings Alive or Deceased (cause of death if known) Age and Medical Conditions if any
Social History	Married/Single/De-facto /Widowed/Separated/Divorced Lives with husband/wife/defacto/partner/children Number of Children Funding or other programs	
Medical/Surgical History	Update Medical History (Coded Diagnoses only) Update Surgical History (Coded Diagnoses only)	

Observations

- Height/Weight/BMI/Waist
- Blood Pressure and Heart Rate
- Blood Glucose Level
- Visual Acuity
- ECG
- Urinalysis
- Peak Flow
- Spirometry
- Oxygen Saturation
- Respiratory Rate
- Point of Care Testing (HbA1c/ACR)



NURSE/AHW

Action

11. Review **Current Medication** and consider a Home Medicines Review (see HMR steps to generate a referral)

Example format:

Medication-Stopped taking blood pressure medication 2 weeks ago due to side effects

12. Review **Recent Bloods**

Example format:

Bloods- Last bloods DD/MM/YY

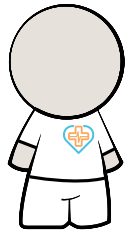
Additional Information

Current Medication

- Medications taken by the patient that are not listed
- Possible side effects
- Discrepancies in medication, dose or frequency
- Any over the counter (OTC) medication/medications not listed
- Issues identified such as dispensing
- Device use or absence eg spacer or glucometer

Recent Bloods

- Patients with chronic disease may require more frequent blood monitoring due to certain medications they are taking and medical conditions.
- Drug categories that may require monitoring include:
 - Cardiac drugs
 - Antibiotics
 - Antiepileptics
 - Bronchodilators
 - Immunosuppressants
 - Anti-cancer drugs
 - Psychiatric drugs



NURSE/AHW

Action

13. Document date of last visit, outcome and next visit for **Specialist, Allied Health & Other**

Example format:

Cardiologist-Last seen by Dr Heart DD/MM/YY
 -changes to BP medication, next review in 6 months
 Podiatrist-Last seen by podiatrist DD/MM/YY
 -low foot risk, visits every 12 weeks under EPC

Additional Information

Specialist, Allied Health and Other

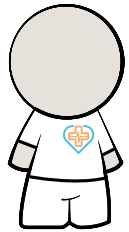
- It is important to know which other health care professionals are involved in your patient’s care
- Take time to review correspondence to and from other providers (**Before you see the patient**) to minimise unnecessary referrals and/or duplication of services
- A patient that has complex care needs requiring care from a multidisciplinary team may be eligible for a **Team Care Arrangement**
- Consider referral to **Allied Health** under GPMP/TCA referral (**5 x visits per calendar year**)

Specialist	Allied Health	Other
Cardiologist Endocrinologist Respiratory Physician Rheumatologist Neurologist Ophthalmologist Gastroenterologist / Hepatologist Nephrologist Dermatologist Haematologist Geriatrician Psychiatrist Pain Specialist Paediatrician Urologist Oncologist Immunologist Obstetrician / Gynaecologist ENT (Ear, Nose, Throat)	Podiatrist Audiologist Aboriginal Health Worker Dietitian Physiotherapist Exercise Physiologist Psychologist Social Worker Chiropractor Osteopath Speech Pathologist Diabetes Educator Occupational Therapist	Community Nurses Optometrist Hospital Programs: - Falls prevention and balance program - Cardiac Rehabilitation - Pulmonary Rehabilitation - Musculoskeletal - Neurology - Pain and Chronic Fatigue Pharmacist Another GP Drug & Alcohol Services Integrated Team Care (ITC) Program Dentist

14. Discuss **Patient Needs and Goals** with your patient

Patient Needs and Goals

- Remember to ask your patient for their input and document their specific needs/goals



NURSE/AHW

Action

15. Document Prevention, Detection and Management activities

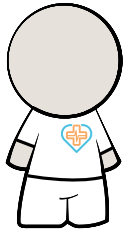
Example format:

Immunisation-Flu injection in YYYY, no documented pneumovax
Mammogram-Last mammogram DD/MM/YY, recommended screening 2 years, recall in place

Additional Information

Prevention, Detection and Management

Immunisations	Australian Immunisation Handbook
Cancer Screening	Cervical Screening , Mammogram/Breast Awareness , FOBT/Colonoscopy , Skin Examination/Protection/Self-examination , Guidelines for preventive activities in general practice
Lifestyle Modifications	Smoking, Nutrition, Alcohol, Physical Activity (SNAP) , Australian Dietary Guidelines , QUIT Smoking , Tackling Indigenous Smoking , Height/Weight/BMI, Waist, Other Substance Use
Musculoskeletal Conditions	Management of Knee and Hip Osteoarthritis , Osteoporosis Risk Assessment
Cardiovascular Disease	Absolute Cardiovascular Risk , Blood Pressure, Heart Rate, ECG, Ankle Brachial Index (ABI), Cholesterol
Social & Emotional Wellbeing	Abuse and Violence , Domestic Violence Safety Assessment Tool (DVSAT) , Edinburgh Postnatal Depression Score (EPDS) , Depression Anxiety Stress Scales (DASS) , K10 , Social support
Respiratory Conditions	Australian Asthma Handbook , COPD-X Plan , COPD Screening Tool & Device , Obstructive Sleep Apnoea (OSA) , Asthma Control Test , Asthma Action Plan, Oxygen Saturation, Peak Flow, Respiratory Rate, Spirometry
Chronic Kidney Disease	CKD Management Handbook , CKD Screening Tool , CKD Risk Test , Urinalysis, Blood Pressure, Height/Weight/BMI, ACR
Cognitive Impairment	MMSE , GPCOG , Kimberly Indigenous Cognitive Assessment (KICA) , Rowland Universal Dementia Assessment Scale (RUDAS) , Mini-Cog , MoCA Test
Diabetes	Management of Type 2 Diabetes , AUSDRISK Tool , Blood Glucose Level, HbA1c, ACR, Height/Weight/BMI, Waist
Sexual Health	STI Screening , Safe sex discussion



NURSE/AHW

Action

16. Document any [Recommendations](#) in your notes and handover any urgent concerns to the GP before seeing the patient
17. Generate [Review Document](#) and save
18. Add/Adjust [Recall](#) for GPMP/TCA Review
19. Write in appointment notes/mark on billing sheet [Next Appointments](#) to be booked by reception
20. Finalise visit in software using relevant [GP MBS Item Numbers \(or Medical Practitioner MBS Item Numbers\)](#) for review (or note relevant MBS Item Numbers on billing sheet)

Additional Information

Recommendations

- Referrals to Specialist, Allied Health and Other
- CDM Activities such as GPMPs, TCAs, Reviews, HMR, Health Assessment
- Prevention, Detection and Management activities such as Immunisations and Cancer Screening
- Applications for CAPS, Disability Parking and other paper based referrals

Recall

- Review current recalls and adjust dates if needed
- Add recalls for Preventive Health such as Skin Check, Mammogram and Cervical Screening

Next Appointments

- GPMP/TCA
- Reviews of GPMP/TCA
- Health Assessments
- GP Mental Health Treatment Plans
- Spirometry, ECG, Cervical Screening, Immunisations
- Appointments with GP for results or follow up
- Internal Allied Health Services
- Internal Specialist Services

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- Health Assessments 701, 703, 705, 707
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[Source: Medicare Benefits Schedule](#) 

Medical Practitioner MBS Item Numbers

- Care Plans & Review 229, 230, 233
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GP

Action

21. Review and action [Recommendations](#) from Nurse/AHW/AHP
22. Review and update [Current Medication](#)
23. Review draft document and make any changes needed
24. Offer patient a copy of the Review Document
25. Review [Next Appointments](#) noted by Nurse/AHW/AHP to book at reception
26. Finalise visit in software using relevant [MBS Item Numbers](#) (or note relevant MBS Item Numbers on billing sheet)

Additional Information

When reviewing a GP Management Plan, the General Practitioner must:

- explain to the patient and the patient's carer the steps involved in the review
- record the patient's agreement to the review of the plan
- review all the matters set out in the relevant plan
- make any required amendments to the patient's plan
- offer a copy of the amended document to the patient and the patient's carer
- add a copy of the amended document to the patient's records
- provide for further review of the amended plan by a date specified in the plan

When coordinating a review of Team Care Arrangements, a multidisciplinary community care plan or a multidisciplinary discharge care plan, the Practitioner must:

- explain the steps involved in the review to the patient and the patient's carer
- record the patient's agreement to the review of the TCAs or plan
- consult with at least two health or care providers (each of whom provides a service or treatment to the patient that is different from each other and different from the service or treatment provided by the medical practitioner who is coordinating the TCAs or plan) to review all the matters set out in the relevant plan
- make any required amendments to the patient's plan
- offer a copy of the amended document to the patient and the patient's carer
- provide for further review of the amended plan by a date specified in the plan
- give copies of the relevant parts of the amended plan to the collaborating providers
- add a copy of the amended document to the patient's records

A copy of the amended plan must be retained for 2 years

Restriction of Co-claiming of Chronic Disease and General Consultation Items

Co-claiming of GP consultation items 3, 4, 23, 24, 36, 37, 44, 47, 52, 53, 54, 57, 58, 59, 60, 65, 585, 588, 591, 594, 599, 600, 5000, 5003, 5020, 5023, 5040, 5043, 5060, 5063, 5200, 5203, 5207, 5208, 5220, 5223, 5227 and 5228 with chronic disease management items 721, 723, or 732 is not permitted for the same patient, on the same day.

[Source: Medicare Benefits Schedule](#) 



RECEPTION

Action

27. Complete billing for [GPMP Review and/or TCA Review](#) and any additional [GP MBS Item Numbers \(or Medical Practitioner MBS Item Numbers\)](#)

28. Book [Next Appointment](#) for GPMP/TCA review and any other appointments noted by GP/Nurse/AHW/AHP (use Next Appointment resource)

Additional Information

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[Source: Medicare Benefits Schedule](#) 

Next Appointment

- GPMP/TCA
- Reviews of GPMP/TCA
- Health Assessments
- GP Mental Health Treatment Plans

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- Spirometry, ECG, Cervical Screening, Immunisations
- Appointments with GP for results or follow up
- Internal Allied Health Services
- Internal Specialist Services

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