

INTELLECTUAL DISABILITY						
ltem	Name	Description				
3	Level A	Brief				
23	Level B	Standard < 20 min				
36	Level C	Long consultation 20 - 40 min				
44	Level D	Prolonged consultation $\geq$ 40 min				
	HEALTH ASSESSMENT					
Item	Service/Duration	Description	Frequency			
701	Brief < 30 min	For specific target groups including:				
703	Standard 30-45 min	People aged 45-49 years who are at risk of developing chronic disease	Once only			
705	Long 45 – 60 min	People aged 40-49 years with are at risk of developing type 2 diabetes	Once every 3 years			
707	Prolonged <u>&gt;</u> 60 min	People with intellectual disability	Annually			
715	Aboriginal and Torres Strait Islander Health Assessment	Aboriginal and Torres Strait Islander Health Assessment ( <u>Factsheet: DoH</u> )	Every 9 months			
10987	Provided by Practice Nurse or registered Aboriginal Health worker	For an Aboriginal or Torres Strait Islander person who has received a Health Assessment	10 per year			
699	> 20 min	Heart Health Assessment for specific target groups including: People aged 45 – 49 years who are at risk of developing chronic disease People aged 40 – 49 years with are at risk of developing type 2 diabetes				
		People with intellectual disability	Annually			
GP MULTIDISCIPLINE CASE CONFERENCES						
	GP organise and coordinates	<ul> <li>GP organises and coordinates OR participates (phone or face to face)</li> </ul>				
735	15 – 20 min	<ul> <li>For patients with chronic or terminal</li> </ul>	5 per year			



2713	Consultation at least 20 mins		N/A		
MENTAL HEALTH Attendance relating to mental disorder.					
135 or 289	Early intervention services for child disability, at least 45 min	diagnosis and treatment of a child under 13 with an eligible disability (139) GP can refer child under 13 with Autism/PDD for assessment, diagnosis & management plan by consultant paediatrician (item 135) or psychiatrist (item 289). Referral required.	Child can access allied health services for disability (using 137 or 139) <u>OR</u> for Autism/other PDD (using 135 or 289)		
137 or 139	Early intervention services for child disability, at least 45 min	GP can refer child under 13 with eligible disability for assessment, diagnosis & management plan by consultant physician (137) or GP to provide early	Once per patient per lifetime		
	health worker.	RLY INTERVENTION FOR CHILDREN			
	Service provided by PN or registered Aboriginal	Service to patient with GPMP/TCA by practice nurse/Aboriginal health worker on behalf of GP.	5 per year		
	Contribution/review of care plan	applies Contribution/review of multidisciplinary care plan prepared by another provider.	Every 3 months		
732	Review of GPMP/TCA	Review of a GPMP to which item 721 applies, or Review of TCA to which 723			
723 Until July 25 <sup>th</sup>	Team Care Arrangement (TCA)	Coordinate the development of TCA.	Annually		
	GP Management Plan (GPMP)	Preparation of GPMP for patient with chronic condition.	Appuelly		
	CHRONIC	DISEASE/COMPLEX CARE MANAGE	MENT		
758	<u>&gt;</u> 40 min	<ul> <li>Eligible Allied Health Provider include Registered Nurse. Practice Nurses may be RN, EN.</li> <li>EN must be supervised by RN.</li> </ul>			
750	– 40 min	<ul> <li>One can be another medical practitioner.</li> </ul>	5 per year		
747	15 – 20 min				
743	<u>&gt;</u> 40 min				
739	20 – 40 min				



2715	Treatment Plan WITH Mental health skills training	Preparation of GP Mental Health Treatment Plan (with additional mental health skills training)	Annually
2715	20-39 min		Cannot be claimed within 3 months
2700 2701	WITHOUT Mental health	Preparation of GP Mental Health Treatment Plan (no additional mental health skills training)	of a claim for a review item
2712 Until November 1 <sup>st</sup>	Review Mental Health Plan	Review of GP Mental Health Treatment plan. Between 4 weeks & 6 months post Treatment Plan	
90250 90251		Preparation of eating disorder treatment and management (no additional mental health skills training)	N/A
90252 90253	Eating Disorders Treatment Plan WITH Mental Health skills training 20-39 min ≥40 min	Preparation of eating disorder treatment and management plan (with additional mental health skills training)	N/A
90264	Review Treatment and Management	GP Review of Eating Disorder Treatment & Management Plan	N/A
	RESID	ENTIAL AGED CARE FACILITY (RAC	F)
90001	Flag fall service for each visit, first patient seen only. Applies to return visits same day, except for continuation of earlier episode of care		
90020	Brief 15 – 20 min	Professional attendance at a residential aged care facility (other than professional	
90035	Standard < 20 mins	attendance at a self-contained unit). Applicable to each patient seen.	N/A
90043	Long consultation 20-40 mins		
90051	Prolonged consultation ≥40		



	min			
	HOME / INSTI	TUTION/HOSPITAL VISITS (EXCLUDII (One patient seen)	NG RACF)	
4	Brief 15 – 20 min	(Institution means a place at which residential		
24	Standard < 20 mins	accommodation or day care or both is made	N/A	
37	Long consultation 20-40 mins	available to populations that include: Disadvantaged children		
47	Prolonged consultation ≥40 min	Chronically ill psychiatric patients Physically or intellectually disabled persons)		
	DOMICILI	ARY MEDICATION MANAGEMENT RE	VIEW	
900	Participation by a general practitioner in a Domiciliary Medication Management Review (DMMR) for a patient living in a community setting, in which the general practitioner, with the patient's consent:			
	(a) assesses the patient as:			
	(i) having a chronic medic regimen; and	(i) having a chronic medical condition or a complex medication regimen; and		
	(ii) not having their therapeutic goals met; and		Annually -	
	(b) following that assessm	(b) following that assessment:		
		(i) refers the patient to a community pharmacy or an accredited pharmacist for the DMMR; and		
	(ii) provides relevant clinic	(ii) provides relevant clinical information required for the DMMR; and		
		(c) discusses with the reviewing pharmacist the results of the DMMR including suggested medication management strategies; and		
		(d) develops a written medication management plan following discussion with the patient; and		
	(e) provides the written m pharmacy chosen by the r			
903		MR) for a patient who is a permanent ged care facility	Annually - Except if there has been significant change in the resident's medical condition or medication management plan requiring a new RMMR.	

**Disclaimer:** CESPHN provides Medicare information as a guide only and recommends general practitioners familiarise themselves with the detailed descriptions contained in the MBS, available at <u>mbsonline.gov.au</u>. Under the <u>Health Insurance Act 1973</u> practitioners are legally responsible for services billed to Medicare under their Medicare provider number or in their name.



#### **ADDITIONAL INFORMATION:**

- Using Medicare for People with Disabilities Fact Sheet
   People with Disabilities (ACT) have developed a fact sheet that includes MBS services
   specifically related to disabilities.
   Please click here for further information.
- Medicare Safety Nets When a patient spends certain amounts in gap and out of pocket costs, they will reach thresholds and start getting higher Medicare benefits. This means patients will get more money back for certain Medicare Services. Calculations are based on the calendar year, 1 January – 31 December. Please click here for further information.
- Department of Health People with Disability Payments and services for people with disability, their families and carers, if your patient has an illness, injury or disability. Please click here for further information.
- Child Dental Benefits Schedule Covers part or the full cost of some basic dental services for children if eligibility criteria met. Please click <u>here</u> for further information.

CESPHN has an intellectual disability health care team providing support to GPs and practice staff. Please contact <u>intellectualdisability@cesphn.com.au</u> for more information.