

### Chronic Disease and Assessment Medicare Item Numbers

Item number		Item	Frequency	MBS Fee	
For VR B 2517 C 2521 D 2525	Non VR 2620 2622 2624	<b>Diabetes Annual Cycle of Care</b> Best practice in diabetes care requires at least 4 visits per year to complete the cycle and bill the item number.	Annually Can be used as goal of a diabetes GPMP	VR \$33.55 \$63.75 \$93.80	Non VR \$21.00 \$38.00 \$61.00
VR 2546 2552 2558	Non VR 2664 2666 2668	<b>Asthma Cycle of Care</b> Best practice in asthma care for moderate to severe asthmatics. Requires 2 visits per year to complete the cycle and bill the item number.	Annually Cannot be used as a goal of an asthma GPMP	VR B: \$33.55 C: \$63.75 D: \$93.80	Non VR \$21.00 \$38.00 \$61.00
700		<b>Health Assessment over 75 Years</b> A comprehensive health assessment for a person in this age bracket. Involves clinical information and assessment of daily living activities.	Annually	\$175.10	
704		<b>Aboriginal and Torres Strait Islander Adult over 55 years Health Assessment</b> For any indigenous person in this age bracket Involves clinical information and assessment of daily living activities.	Annually	\$175.10	
708		<b>Aboriginal and Torres Strait Islander Child Health Check</b> For any indigenous person in this age bracket Involves clinical information and assessment of daily living activities.	Every nine months	\$175.10	
709 ( GP does it) or 711 (if Nurse does it)		<b>Healthy Kids Check</b> For a four year old in conjunction with 4year old immunisation. Involves consultation and review "Get set for Life "Resource issued to parent.	Once age 4	\$46.05	
710		<b>Aboriginal and Torres Strait Islander Adult Health Check</b> For any indigenous person in this age bracket Involves clinical information and assessment of daily living activities.	Every eighteen months	\$208.70	
712		<b>Comprehensive Medical Assessment (CMA) of a resident of an aged care facility</b> An assessment of a person in an aged care facility. Involves clinical information and assessment of daily living activities.	Annually	\$196.20	
713		<b>Diabetes Risk Assessment 40-49 year old</b> For a person in this age bracket who has a high predisposition to Type 2 Diabetes (as determined by: "The Australian Type 2 Diabetes Risk Assessment Tool" questionnaire). Involves clinical information and assessment of daily living activities.	Every three years and not within three years of a 45-49 year old health check	\$61.40	
714		<b>Health Assessment for refugees</b> For a newly arrived refugee. Medical component normally performed by those practices undertaking refugee health services.	Once within 12 months of arrival in Australia	\$208.70	
717		<b>45-49 year old Health Check</b> For a person in this age bracket who has a predisposition to a Chronic Disease. Involves clinical information and assessment of daily living activities.	Once only(not within three years of a 713)	\$104.55	
718		<b>Health Assessment on a person with an Intellectual Disability</b> A comprehensive health assessment (Involving the Carer) of a person with an intellectual disability. Involves clinical information and assessment of daily living activities.	Annually	\$208.70	

721	<b>Preparation of a GP Management Plan (GPMP)</b> A detailed plan of care for a patient with a chronic disease. Involves goal setting and has a clinical and patient orientated focus.	Every two years	\$130.65
723	<b>Coordination of a Team Care Arrangement (TCA)</b> A referral method used to refer a person on a GPMP to at least 2 allied health professionals (it requires 2 way communication with the allied health professionals regarding the patient.) Patient then receives 5 Medicare rebated visits to these professionals in a calendar year.	Yearly	\$103.50
725	<b>Review of a GPMP</b> Review of a previously performed detailed plan of care for a patient with a chronic disease. Involves goal setting and has a clinical and patient orientated focus.	Every six months	\$65.30
727	<b>Review of a TCA</b> Review of a previously performed referral method used to refer a person on a GPMP to at least 2 allied health professionals (it requires 2 way communication with the allied health professionals regarding the patient.). Patient then receives 5 Medicare rebated visits to these professionals in a calendar year.	Every six months	\$65.30
731	<b>Contribution to a review of a multidisciplinary care plan for a resident of an aged care facility</b> A review of a previously performed assessment of a person in an aged care facility.	Every three months	\$63.75
734	<b>Organise and coordinate a case conference in a residential aged care facility</b> For a patient in an aged care facility. Where the GP organises a case conference about the patient involving several care providers.	Any time that it is done	\$87.55
900	<b>Home Medication Review (HMR or DMMR)</b> An assessment of medications and the way the patient uses the prescribed medication for a person whom has five or more medications or whom it is deemed appropriate. This assessment involves an accredited pharmacist reviewing the medications and sending a report back to the GP.	Annually	\$140.20
903	<b>Residential Medication Management Review (RMMR)</b> For a patient in an aged care facility. An assessment of medications and the way the patient uses the prescribed medication for a person whom has five or more medications or whom it is deemed appropriate. This assessment involves an accredited pharmacist reviewing the medications and sending a report back to the GP.	Annually	\$96:00
2710	<b>Mental Health Care Plan</b> A detailed agreed plan of care for a patient with a mental Health condition Involves goal setting and has a clinical and patient orientated focus. It enables a referral pathway for treatment by psychologists, psychiatrists and other mental health workers.	Annually	\$156.85
2712	<b>Review of Mental Health Plan</b> Review of a previously performed mental Health care plan.	Every six months	\$104.55
2713	<b>Mental Health Care Consultation</b> A consultation of more than 20mins where the primary concern is mental health.	Anytime it is done	\$69.00
10997	<b>Service provided to a person with a chronic disease and a GPMP by a Practice Nurse</b> Education of or assistance provided to a patient with a GPMP by a practice nurse.	Five per patient per year	\$11.10