

# Medicare Initiatives for Chronic Disease Prevention and Management

Last updated May 2024

CDM initiative	MBS Item	Service Target Group	Frequency*
Health Assessments	701 <30 mins	People aged 75 and over	annual
		Comprehensive Medical Assessment for permanent aged care resident	annual
	703 30-45 mins	Diabetes Risk Evaluation for persons aged 40-49 years [risk determined by AUDRISK]	every 3 years
		People aged 45-49 years with chronic disease risk factor	once only
	705 45-60 mins	Refugee / Humanitarian Entrant [see eligibility criteria]	once only
		Person with Intellectual Disability	annual
	707 >60 mins	Former serving member of the Australian Defence force	Once only
	715	Health Assessment for Aboriginal and Torres Strait Islander People (child, 15-54 years old, or person over 54 years). Can be referred for 10 Medicare allied health services per calendar year following item 715 claim.	9 monthly
	10987	Practice Nurse or Aboriginal Health Practitioner services following an Health Assessment for Aboriginal and Torres Strait Islander People	10 per year
Medication Reviews	900	Domiciliary Medication Management Review (DMMR / HMR)	Once every 12-24 months
	903	Residential Medication Management Review (in aged facility)	Once every 12-24 months
Diabetes	2517-2526	Diabetes Cycle of Care SIP (PIP practices only)	annual
Case Conferences	735,739,743 747,750,758	Case Conferences, based on time: items 735, 739 or 743 where GP organises, or items 747, 750 or 758 where GP participates.	5 per year
Chronic Disease Care Planning <b>Restriction:</b> GPs may not claim a general consultation item for the same patient on the same day as claiming item 721, 723 or 732 <b>Referral:</b> patients with a GPMP and TCA can be referred for 5 'EPC' Medicare allied health services per calendar year.	721	GP Management Plan (GPMP) for chronic disease management.	12 mths <sup>†</sup>
	723	Team Care Arrangements (TCA) for chronic disease management.	12 mths <sup>†</sup>
	732	Review of either GPMP or TCA. Bill twice if required.	3-6 months after GPMP/TCA
	729	GP contribution to another organisation's care plan	see MBS
	731	GP contribution to Aged Care Facility's care plan	3 monthly
	10997	Nurse monitoring of person with GPMP or TCA on behalf of a GP.	3 monthly
Mental Health Care Planning Patients with GP Mental Health Treatment Plan can be referred for Medicare-rebated psychological services.	2700	GP Mental Health Treatment Plan, training <u>not</u> undertaken, at least 20 minutes	12 months (if required)
	2701	GP Mental Health Treatment Plan, training <u>not</u> undertaken, at least 40 minutes	
	2715	GP Mental Health Treatment Plan, skills training undertaken, at least 20 minutes	
	2717	GP Mental Health Treatment Plan, skills training undertaken, at least 40 minutes	
	2712	Review of GP Mental Health Treatment Plan prepared under current items	see MBS
	2713	Mental Health Consultation (at least 20 mins)	n/a

<sup>†</sup> Recommended every 2 years; may be claimed within 12 months if required, more frequently where exceptional circumstances<sup>†</sup> apply; original plan may continue indefinitely; patient is eligible for 2 'EPC' services per calendar year if plan is regularly reviewed.

\* Check MBS for claiming intervals between these and related items.

- To find the rebate amounts for each MBS item visit [www9.health.gov.au/mbs/search.cfm](http://www9.health.gov.au/mbs/search.cfm)
- Read requirements before making claims: see [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)
- See [www.health.gov.au/mbsprimarycareitems](http://www.health.gov.au/mbsprimarycareitems) for fact sheets, Q&A and templates.
- For patient claims information, phone Medicare Australia on 132 150 or check on HPOS (per PRODA).