

# MBS planning for GPs providing Medication-Assisted Treatment of Opioid Dependency (MATOD)

As of May 1, 2021

Clicking on an item number will open a web page with a Medicare summary of that item number.

## 1. GP Mental Health Treatment Plan (GPMHTP), Review & Focused Psychological Strategies

GPMHTP item	Item No	Benefit (100%) (\$)	Minimum Claiming Period
Preparation of a GPMHTP lasting at least 20 minutes but less than 40 minutes by a GP <i>without</i> mental health skills training	<a href="#">2700</a>	73.95	12 months
Preparation of a GPMHTP lasting at least 40 minutes by a GP <i>without</i> mental health skills training	<a href="#">2701</a>	108.85	12 months
Preparation of a GPMHTP lasting at least 20 minutes but less than 40 minutes by a GP <i>with</i> mental health skills training	<a href="#">2715</a>	93.90	12 months
Preparation of a GPMHTP lasting at least 40 minutes by a GP <i>with</i> mental health skills training	<a href="#">2717</a>	138.30	12 months
Mental health care consultation	<a href="#">2713</a>	73.95	12 months
Review of a GPMHTP (minimum 4 weeks after preparation of the plan)	<a href="#">2712</a>	73.95	3 months
Provide Focused Psychological Strategies at least 30 mins by a GP registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service	<a href="#">2721</a>	95.65	Max 10 /calendar year
Provide Focused Psychological Strategies at least 40 mins by a GP registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service	<a href="#">2725</a>	136.85	Max 10/calendar year
Provide Focused Psychological Strategies at least 30 mins via telehealth if the patient is minimum 15kms from the GP practice	<a href="#">2729</a>	95.65	Max 10/calendar year
Provide Focused Psychological Strategies at least 40 mins via telehealth if the patient is minimum 15kms from the GP practice	<a href="#">2731</a>	136.85	Max 10/year

## 2. GP Management Plan (GPMP) & Review, Team Care Arrangement (TCA) & Review

Chronic Disease Management item	Item No	Benefit (100%) (\$)	Minimum Claiming Period*
Preparation of a GP Management Plan	<a href="#">721</a>	148.75	12 months*
Coordinate the development of Team Care Arrangements with min. 2 other health professionals	<a href="#">723</a>	117.90	12 months*

Review of a GP Management Plan OR of Team Care Arrangements	<a href="#">732</a>	74.30	3 months*
Contribution to a multidisciplinary care plan or Team Care Arrangements prepared by another provider	<a href="#">729</a>	72.60	3 months*
Service provided by nurse on behalf of GP as part of GP Management Plan +/- Team Care Arrangement	<a href="#">10997</a>	12.40	Max 5 per calendar year
Case Conference with minimum 2 other providers (ensure MBS eligibility requirements are met)	<a href="#">735 - 758</a>	53.55 – 207.95	Max 5 per year

### 3. Health Assessments & Other Items

Item name	Item No	Benefit (100%) (\$)	Recommended frequency
Aboriginal Health Check	<a href="#">715</a>	218.90	9 monthly
Health Assessment for patient 45-49 years at risk of chronic disease (<30 mins)	<a href="#">701</a>	61.20	Once only to eligible patient**
Health Assessment for patient 45-49 years at risk of chronic disease (30-45 mins)	<a href="#">703</a>	142.20	Once only to eligible patient**
Health Assessment for patient 45-49 years at risk of chronic disease (45-60 mins)	<a href="#">705</a>	196.25	Once only to eligible patient**
Health Assessment for patient 45-49 years at risk of chronic disease (>60 mins)	<a href="#">707</a>	277.20	Once only to eligible patient**
Healthy Heart Check (Over 45) lasting at least 20 minutes	<a href="#">699</a>	75.05	Annual (can't claim if 701-707, 715 has been claimed in last 12 months)

\*These 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 requirements that necessitates the performance of the service for the patient.

#### \*\*Health Assessment Eligibility Groups (Items 701 – 707)

45 – 49 year old at risk of CD	<ul style="list-style-type: none"> <li>• Once only</li> </ul>
40 – 49 Diabetes Risk	<ul style="list-style-type: none"> <li>• Once every 3 years</li> </ul>
Over 75 year old	<ul style="list-style-type: none"> <li>• Annual</li> </ul>
ATSI Health Assessment	<ul style="list-style-type: none"> <li>• Every 9 months</li> </ul>
RACF residents	<ul style="list-style-type: none"> <li>• Annual</li> </ul>
Intellectual disability	<ul style="list-style-type: none"> <li>• Annual</li> </ul>
Refugee / Humanitarian entrants	<ul style="list-style-type: none"> <li>• Once only</li> </ul>
Former ADF personnel	<ul style="list-style-type: none"> <li>• Once only</li> </ul>

## An Example of Medicare Items and Rebates: first 12 months\*

\*Details and rebates current at May 2021 for a practice in a defined rural area (for item 10991).

For updates, go to <http://www9.health.gov.au/mbs/search.cfm>.

The Medicare Benefits Schedule book contains all the requirements of a GPMP, TCA and PMHTP and it is essential you check these details yourself before billing these items. For frequently asked questions, please visit [Questions and Answers on the Chronic Disease Management \(CDM\) items](#)

### Patient flow – the first six weeks

1st Cons Admission; Needs Assessment	GP Mental Health Care Consultation	Item <u>2713</u> +/- <u>23</u> , <u>10991</u>	\$73.95 +/- 38.75 + 11.50
More than one visit may be needed for patient engagement/assessment	<b>OR</b> Level C	Item <u>36</u> , <u>10991</u>	\$75.05 + 11.50
2nd Cons GPMHTP	GP Mental Health Care Plan 20-40 minutes	Item <u>2717</u> +/- <u>23</u> , <u>10991</u>	\$138.30 +/- 38.75 + 11.50
3rd Cons GPMP	GP Management Plan	Item <u>721</u> , <u>10991</u>	\$148.75 + 11.50
4th Cons TCA Can combine/claim 3rd and 4th on same day: ensure collaboration requirements are met	Team Care Arrangement	Item <u>723</u> , <u>10991</u>	\$117.90 + 11.50
5th Cons Continuing care Service provided by nurse as part of GPMP / TCA	Level B GPMP / TCA	Item <u>23</u> + <u>10991</u> <u>Item 10997</u>	\$38.75 + 11.50 + 12.40
6th Consultation Possible Domiciliary Medication Management Review (DMMR)	DMMR	Item <u>900</u> +/- <u>23</u> , <u>10991</u>	\$159.65 +/- 38.75 + 11.50
<b>Totals</b>			<b>\$677.30 - \$874.95</b>

### Patient flow - the next three months

7th Cons Wk 8 Ongoing care	Level B	Item <u>23</u> + <u>10991</u>	\$38.75 + 11.50
8th Cons Wk 10 Ongoing Care	Level B	Item <u>23</u> + <u>10991</u>	\$38.75 + 11.50
9th Cons Wk 12 Case Conference (min. 2 others eg: nurse, pharmacist, over phone if necessary)	Case Conference 20-40 minutes	Item <u>739</u> +/- <u>23</u> , <u>10991</u>	\$124.75 +/- 38.75 + 11.50
10th Cons Wk 14 GP Plan Review	GP Mental Health Care Plan Review	Item <u>2712</u> +/- <u>23</u> , <u>10991</u>	\$73.95 +/- 38.75 + 11.50
11th Cons Wk 16 GP Management Plan Review	GP Management Plan Review	Item <u>732</u> , <u>10991</u>	\$74.30 + 11.50
12th Cons Wk 16 TCA Review* Can combine / claim 11 <sup>th</sup> and 12 <sup>th</sup> on the same day	TCA Review	Item <u>732</u> , <u>10991</u>	\$74.30 + 11.50
<b>Totals</b>			<b>\$424.80 – \$571.30</b>

### Patient flow – ongoing yearly cash flow

Week 0—6			\$677.30 – \$874.95
Week 7—18			\$424.80 – \$571.30
Week 19—30			\$424.80 – \$571.30
Week 30—52			\$424.80 – \$571.30
<b>Totals</b>			<b>\$1,951.70- \$2,588.85</b>