

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

Updated October 2024



Clicking on an item number will open the Medicare summary of that item number as listed at <https://www9.health.gov.au/mbs/search.cfm>.

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 without mental health skills training	2700	\$81.70	12 months
Preparation of a GPMHTP lasting at least 40 minutes by a GP without mental health skills training	2701	\$120.25	12 months
Preparation of a GPMHTP lasting at least 20 minutes but less than 40 minutes by a GP with mental health skills training	2715	\$103.70	12 months
Preparation of a GPMHTP lasting at least 40 minutes by a GP with mental health skills training	2717	\$152.80	12 months
Mental health care consultation	2713	\$81.70	12 months
Review of a GPMHTP (minimum 4 weeks after preparation of the plan)	2712	\$81.70	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	2721	\$105.65	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	2725	\$151.20	Max 10/calendar year
Telehealth attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service; and (b) the service lasts at least 30 minutes, but less than 40 minutes.	91818	\$105.65	Max 10/calendar year
Telehealth attendance by a general practitioner, for the purpose of providing focussed psychological strategies for assessed mental disorders if: (a) the practitioner is registered with the Chief Executive Medicare as meeting the credentialling requirements for provision of this service; and (b) the service lasts at least 40 minutes.	91819	\$151.20	Max 10/calendar 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 721 158.80 12 months* Coordinate the development of Team Care Arrangements with min. 2 other health professionals	723	\$130.25	12 months*
Review of a GP Management Plan OR of Team Care Arrangements	732	\$82.10	3 months*
Contribution to a multidisciplinary care plan or Team Care Arrangements prepared by another provider	729	\$80.20	3 months*
Service provided by nurse on behalf of GP as part of GP Management Plan +/- Team Care Arrangement	10997	\$13.65	Max 5 per calendar year
Case Conference with minimum 2 other providers (ensure MBS eligibility requirements are met)	735 - 758	\$44.60 – \$229.65	Max 5 per year

3. Health Assessments & Other Items

Item name	Item No	Benefit (100%)	Recommended frequency
Aboriginal Health Check	715	\$241.85	9 monthly
Health Assessment for patient 45-49 years at risk of chronic disease (<30 mins)	701	\$67.60	Once only to eligible patient**
Health Assessment for patient 45-49 years at risk of chronic disease (30-45 mins)	703	\$157.10	Once only to eligible patient**
Health Assessment for patient 45-49 years at risk of chronic disease (45-60 mins)	705	\$216.80	Once only to eligible patient**
Health Assessment for patient 45-49 years at risk of chronic disease (>60 mins)	707	\$306.25	Once only to eligible patient**
Healthy Heart Check (Over 45) lasting at least 20 minutes	699	\$82.90	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	• Once only
40 – 49 Diabetes Risk	• Once every 3 years
Over 75 year old	• Annual
ATSI Health Assessment	• Every 9 months
RACF residents	• Annual
Intellectual disability	• Annual
Refugee / Humanitarian entrants	• Once only
Former ADF personnel	• Once only

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

*Details and rebates current at October 2024 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. We recommend seeking the latest advice from the Services Australia Chronic Disease Management Plan guide at <https://www.servicesaustralia.gov.au/chronic-disease-management-plan>

1st Cons Admission; Needs Assessment	GP Mental Health Care Consultation	Item 2713 +/- 23, 10991	\$81.70 +/- \$42.85 + \$12.70
More than one visit may be needed for patient engagement/assessment	OR Level C	Item 36, 10991	\$82.90 + \$12.70
2nd Cons GPMHTP	GP Mental Health Care Plan 20-40 minutes	Item 2717 +/-23, 10991	\$152.80 +/- \$42.85 + \$12.70
3rd Cons GPMP	GP Management Plan	Item 721, 10991	\$164.35 + \$12.70
4th Cons TCA Can combine/claim 3rd and 4th on same day: ensure collaboration requirements are met	Team Care Arrangement	Item 723, 10991	\$130.25+ \$12.70
5th Cons Continuing care Service provided by nurse as part of GPMP / TCA	Level B GPMP / TCA	Item 23 + 10991 Item 10997	\$42.85 + \$12.70 + \$13.65
6th Consultation Possible Domiciliary Medication Management Review (DMMR)	DMMR	Item 900 +/- 23, 10991	\$176.40 +/- \$42.85 + \$12.70
Totals approx.			\$831.25 - \$1062.35

Patient flow - the next three months

7th Cons Wk 8 Ongoing care	Level B	Item 23 + 10991	\$42.85 + \$12.70
8th Cons Wk 10 Ongoing Care	Level B	Item 23+10991	\$42.85 + \$12.70
9th Cons Wk 12 Case Conference (min. 2 others e.g.: nurse, pharmacist, over phone if necessary)	Case Conference 20-40 minutes	Item 739 +/- 23, 10991	\$137.75 +/- \$42.85 + \$12.70
10th Cons Wk 14 GP Plan Review	GP Mental Health Care Plan Review	Item 2712 +/- 23, 10991	\$81.70 +/- \$42.85 + \$12.70
11th Cons Wk 16 GP Management Plan Review	GP Management Plan Review	Item 732, 10991	\$82.10 + \$12.70
12th Cons Wk 16 TCA Review* Can combine / claim 11th and 12th on the same day	TCA Review	Item 732, 10991	\$82.10 + \$12.70
Totals			\$469.35 – \$631.25

Patient flow – ongoing yearly revenue

Week 0—6	\$831.25 - \$1062.35
Week 7—18	\$469.35 – \$631.25
Week 19—30	\$469.35 – \$631.25
Week 30—52	\$469.35 – \$631.25
Totals	\$2,239.30- \$2,956.10