

# Chronic Disease Management (formerly EPC) – referrals to Allied Health

## GP Management Plan (GPMP) and Team Care Arrangements (TCA)

(link to [referral form](#))

**Eligibility:** patient has a chronic or terminal medical condition, that has been (or is likely to be) present for six months or longer.

Item Number	Service	Min claiming period
<b>Item 721</b> Preparation of a GPMP	Provides a rebate for a GP to prepare a management plan for a patient who has a chronic or terminal medical condition with or without multidisciplinary care needs.	Once every <b>12 months</b>
<b>Item 723</b> Coordination of TCAs	Provides a rebate for a GP to coordinate the preparation of TCAs for a patient who has a chronic or terminal medical condition and also requires ongoing care from a multidisciplinary team of at least three health or care providers. In most cases the patient will already have a GPMP in place although this is not a regulatory requirement. Individual allied health services (MBS items 10950 to 10970 inclusive).	Once every <b>12 months</b>
<b>Item 732</b> Review of a GPMP and/or coordination of a review of TCAs	Provides a rebate for a GP to review a GPMP and/or current TCAs. GP can claim item 732 twice on the same day.	Once every <b>three months</b> (or earlier if clinically required)
<b>Items 10950 to 10970</b> inclusive on referral from their GP.	Once a GP Management Plan (GPMP) and Team Care Arrangements (TCAs) have been prepared, the patient may be eligible for access to certain individual Allied Health services.	
<b>Item 10997</b>	Chronic disease monitoring and support	Practice Nurses can claim this item up to five times per patient each calendar year.

## Group Allied Health Service for Patients with Type 2 Diabetes

(link to [referral form](#))

**Eligibility:** patient must have type 2 diabetes. GPMP must be in place.

Item Number	Service	Min claiming period
<b>Items 81100 – 81125</b>	Services provided by a dietitian, exercise physiologist or diabetes educator. <i>Patients who will most benefit from group services are likely to be those who demonstrate a readiness to change, are able to contribute to group processes effectively and have a potential for self management.</i>	Once every <b>12 months</b>

### TCA - Did you know?

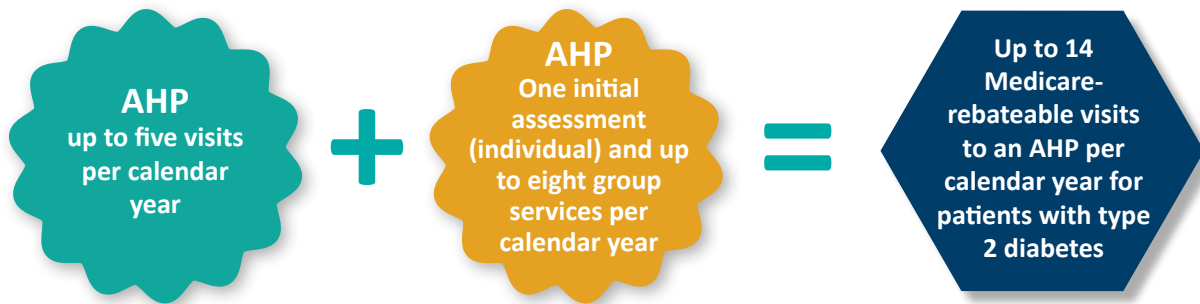
**Team members that GPs could include:**

- ✓ Allied Health Professionals (AHP) that are Medicare-rebateable\*
- ✓ Public sector AHPs (Metro South HHS)
- ✓ Other AHPs such as asthma educators, orthoptists, orthotists or prosthetists

- ✓ Other health or care providers such as registered nurses\*, social workers, optometrists, pharmacists, fitness instructor/ personal trainer
- ✓ Home and community service providers, or care organisations such as: education providers; 'meals on wheels' providers; personal care workers (workers who are paid to provide care services), probation officers, WorkCover rehabilitation case manager

\*For further details on the circumstances a nurse/practice nurse can be involved in a TCA, please refer to questions and answers CDM document (section 3)

# Patients with Type 2 Diabetes



The Chronic Disease Management (formerly Enhanced Primary Care or EPC) — on the Medicare Benefits Schedule (MBS) enable GPs to plan and coordinate the healthcare of patients with chronic or terminal medical conditions, including patients with these conditions who require multidisciplinary, team-based care from a GP and at least two other health or care providers.



## MBS interpretation queries

Department of Human Services (DHS)

Phone: 13 21 50

Email: [askMBS@humanservices.gov.au](mailto:askMBS@humanservices.gov.au)

## Further information

- Medicare Benefits Schedule at *MBS Online*  
[www.mbsonline.gov.au](http://www.mbsonline.gov.au)
- Questions and Answers on the Chronic Disease Management (CDM) items  
[www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdiseasemanagement-qanda](http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-chronicdiseasemanagement-qanda)
- Allied Health Professionals Australia (AHPA) CDM resource  
[cdm.ahpa.com.au/LinkClick.aspx?link=137&tabid=37](http://cdm.ahpa.com.au/LinkClick.aspx?link=137&tabid=37)
- HNECCPHN Desktop Guide to Chronic Disease Management (July 2016)  
[www.hneccphn.com.au/media/13686/new-desktop-guide-to-cdm-and-mbs-item-numbers-final-july-2016-20160801.pdf](http://www.hneccphn.com.au/media/13686/new-desktop-guide-to-cdm-and-mbs-item-numbers-final-july-2016-20160801.pdf)
- Aboriginal and Torres Strait Islander health  
[www.bsphn.org.au/aboriginal-torres-strait-islander-health](http://www.bsphn.org.au/aboriginal-torres-strait-islander-health)

## CDM communication and referral

1. Communication must be two-way, preferably oral (and documented in the patient record) or if not practicable, in writing by fax or email.

Where oral communication is not practicable, collaboration could be covered by a fax form that enables the AHP to advise the treatment or services they will provide to meet the specific needs and circumstances of the patient, based on their assessment of the care plan and/or other information provided by the GP.

*(Department of Health requirements)*

2. Providing a copy of the GPMP to the allied health provider at the time of referral will ensure they have all of the clinical information they require for treating your patient (can exclude information not relevant to the service, or that the patient does not consent to sharing).

3. Discuss the care team with your patient, and explain what each allied health treatment/service might include (patient fact sheets or resources are useful).

4. It is important that your patient understands they may be required to pay a gap fee and they may not necessarily receive 'five free allied health visits'.

Explaining this to your patients when formulating the Team Care Arrangement and making the referral will avoid any disappointment and unexpected costs.

It may also be useful to explain the different options available to the patient after the five funded visits are complete i.e. the patient can pay privately to see an AHP, and if they have private health insurance they may be able to get a rebate.

Information has been sourced from MBS Online and Department of Health, and is current as at September 2016.

GPs should refer to the Medicare Benefits Schedule for details of fees, requirements and restrictions related to the items in this resource.

Brisbane South Primary Health Network Ltd (ABN 53 151 707 765), trading as Brisbane South PHN