

Optimising MBS items for patients with alcohol and other drug-related issues

INSTRUCTIONS

The following compilation of MBS items has been developed for GPs treating patients with alcohol and other drug-related problems. There are no specific addiction medicine MBS items available for general practice, but there are other items that can be used to support patient management. Examples have been provided to help GPs understand how these item numbers can be used in general practice setting.

Chronic Disease Care Plans			
721	GP Management Plan (GPMP)	\$152.50	For use to enhance care when one or more chronic diseases is present i.e. Cirrhosis of the liver from an Alcohol Use Disorder. Requires care from multidisciplinary team.
723	Team Care Arrangement (TCA)	\$120.85	Co-claiming of GP consultation items (i.e. 3, 4, 23, 24 etc.) with (CDM) items 721, 723 or 732 is not permitted for the same patient on the same day. 721/723 minimum claim period – 12 months.
732	Review of GPMP/TCA	\$76.15	729-732 minimum claim period – 3 months.
10997	Service to patient with GPMP/TCA by a PN or Aboriginal health practitioner	\$12.70	Not more than 5 per patient, per year.

GP Mental Health Treatment Items

All substance use disorders, including alcohol use disorders, are included in the list of mental disorders that can be incorporated into a GP MHCP

When seeing a patient with a substance use disorder, list 'substance use disorder' as the principal diagnosis. A secondary mental health condition does not need to be present.

'Substances' refer to all drugs used for sedative, hypnotic or anxiolytic use and include alcohol, prescribed and illicit opioids, stimulants such as amphetamines and hallucinogens, cannabis and benzodiazepines.

For definition of 'substance use disorder' see Table 3, pg. 25 from RACGP publication 'Prescribing drugs of dependence in general practice, Part A' available [here](https://www.racgp.org.au) or at: [racgp.org.au](https://www.racgp.org.au)

2700	Consultation for the completion of GP MH treatment plan 20mins but < 40 minutes	\$75.80	Assessment of patients and preparation of care plan with option to refer.
2701	Consultation to complete GP MH treatment plan of at least 40 minutes	\$111.60	GPMP/TCA can only be utilised in conjunction with MHTPs where there is an eligible comorbid condition. May claim separate consultation on the same day only if other condition must be treated immediately. Not more than once per year.
2712	Review GP MH treatment plan	\$75.80	Should occur 4 weeks to 6mths after GPMHTP. Minimum 3 months between reviews. Should not require more than two reviews in 12 months. Follow up using consultation items.
2713	GP Mental Health Treatment consultation ≥ 20 min	\$75.80	For extended consultation, taking history, providing treatment/advice/referral. Unlimited claims per year.
2715	GP MHTP consultation by GP with MH skills training 20mins and <40mins	\$96.25	Preparation of a Mental health treatment plan by a GP who has completed MH skills training.
2717	GP MHTP consultation by GP with MH skills training at least 40 minutes	\$141.80	Mental Health Skills Training accreditation course available through RACGP.
2721	GP providing focused psychological strategies 30mins and < 40mins	\$98.05	Medical practitioner must be registered with Medicare as meeting credentialing requirements (FPS training).
2723	GP providing focused psychological strategies 30mins and < 40mins OTHER THAN in consulting rooms	See MBS Ready Reckoner	Must have credentialing registered with Medicare (FPS). Fee = Fee for 2721 plus \$27.45 divided by the number of patients seen, up to a maximum of six patients.
2725	GP providing focused psychological strategies, at least 40 minutes	\$140.30	Must have credentialing registered with Medicare (FPS).

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Aboriginal Health Assessment			
715	Health Assessment for Aboriginal and Torres Strait Islander People	\$224.40	Can be conducted at consulting rooms or in another place, other than a hospital or RACF Not more than once in a 9-month period
10987	Follow up service provided by a Practice nurse or Aboriginal and Torres Strait Islander Health practitioner	\$25.35	For provision of care consistent with the health assessment This service is provided on behalf of and under the supervision of the general practitioner Up to 10 services in a calendar year Not for inpatients
Items 81300 to 81360	Follow up Allied Health Services for people of Aboriginal or Torres Strait Islander descent	\$65.85	Referred by a general practitioner as part of an ATSI health assessment The consultation is at least 20 minutes in duration; A report is provided to the referring GP For up to five services in a calendar year.

Case Conference where the GP Organises and Coordinates			
Items	Duration	\$	
735	15-20 minutes	\$74.75	Maximum of 5 conferences per patient in 12-month period Requires three or more providers present who provide a service to the patient.*
739	20-40 minutes	\$127.85	May only claim one item per case conference
743	>40 minutes	\$213.15	Can be conducted face to face, tele/videoconference or a combination
Case Conference where the GP Participates			
747	15-20 minutes	\$54.90	GP role: Obtain consent from resident and all participants Document meeting and outcomes
750	20-40 minutes	\$94.10	Provide copies of outcomes to all participants
758	>40 minutes	\$156.65	Read MBS requirements

General Consultation Items			
Items	Name	\$	Description/Recommended Frequency
3	Consultation (Level A)	\$18.20	Brief
23	Consultation (Level B)	\$39.75	Standard <20 minutes
36	Consultation (Level C)	\$76.95	Long > 20 minutes
44	Consultation (Level D)	\$113.30	Prolonged > 40 minutes

Home/Institution Visits – VR GP			
Items	Name	\$	Description/Recommended Frequency
4	Brief	\$46.05	Fee for item 3, plus \$27.85 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients – the fee for item 3 plus \$2.20 per patient.
24	Standard <20 minutes	\$67.60	The fee for item 23, plus \$27.85 divided by the number of patients seen. For seven or more patients – the fee for item 23 plus \$2.20 per patient.
37	Long > 20 minutes	\$104.80	The fee for item 36, plus \$27.85 divided by the number of patients seen. For seven or more patients – the fee for item 23 plus \$2.20 per patient.
47	Prolonged > 40 minutes	\$141.15	The fee for item 44, plus \$27.85 divided by the number of patients seen. For seven or more patients – the fee for item 23 plus \$2.20 per patient.

*Examples of persons who, for the purposes of care planning and case conferencing may be included in a multidisciplinary care team are allied health professionals such as, but not limited to: Aboriginal health care workers; asthma educators; audiologists; dental therapists; dentists; diabetes educators; dietitians; mental health workers; occupational therapists; optometrists; orthotists; orthotists or prosthetists; pharmacists; physiotherapists; podiatrists; psychologists; registered nurses; social workers; speech pathologists.

A team may also include home and community service providers, or care organisers, such as: education providers; “meals on wheels” providers; personal care workers (workers who are paid to provide care services); probation officers.

The patient’s informal or family carer may be included as a formal member of the team in addition to the minimum of three health or care providers. The patient and the informal or family carer do not count towards the minimum of three.

Further information

Email: assistportal@adelaide.edu.au

Information correct as at July 2021. Confirm with MBS online here or go to: mbsonline.gov.au



This resource was adapted with permission from Drug and Alcohol Services South Australia (DASSA); and South-Western Sydney, and South-Eastern NSW PHNs.
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