

## EPC MEDICARE BENEFITS SCHEDULE ITEMS AS AT 1 NOVEMBER 2008

<i>EPC item</i>	<i>Description of item</i>	<i>Medicare fee</i>	<i>Prepared by</i>	<i>Recommended frequency</i>	<i>Minimum claiming period</i>
<b>Item 700</b>	Health Assessments for people aged 75 years and over, where the assessment is occurring <b>in</b> the GP's practice by the patient's usual GP.	\$175.10 <sup>1</sup>	GP <sup>2</sup>	Once in 12 months	
<b>Item 702</b>	Health Assessments for people aged 75 years and over, where the assessment is <b>not</b> occurring in the GP's practice eg in the patient's home.	\$247.60 <sup>1</sup>	GP <sup>2</sup>	Once in 12 months	
<b>Item 704</b>	Health Assessments for people aged 55 years and over, and of Aboriginal or Torres Strait Islander descent <b>in</b> the GP's practice by the patient's usual GP.	\$175.10 <sup>1</sup>	GP <sup>2</sup>	Once in 12 months	
<b>Item 706</b>	Health Assessments for people aged 55 years and over, and of Aboriginal or Torres Strait Islander descent <b>not</b> occurring in the GP's practice .eg. in the patient's community or home.	\$247.60 <sup>1</sup>	GP <sup>2</sup>	Once in 12 months	
<b>Item 712</b>	Comprehensive Medical Assessment of a patient <b>in</b> a Residential Care Facility or at consulting room by their usual GP.	\$196.20 <sup>1</sup>	GP <sup>2</sup>	Once in 12 months	
<b>Item 721</b>	Preparation of GP Management Plan (GPMP) by the patient's usual GP.	\$130.65 <sup>1</sup>	GP <sup>2</sup>	Every two years <sup>3</sup>	12 months <sup>4</sup>
<b>Item 723</b>	Coordinating the development of Team Care Arrangement (TCA) by the patient's usual GP.	\$103.50 <sup>1</sup>	GP <sup>2</sup>	Every two years <sup>3</sup>	Special Conditions Apply
<b>Item 10997</b>	PN or AHW providing chronic disease support and monitoring of patients who have an existing GPMP, TCA, or a multidisciplinary care plan. (721, 723, 725, 727 & 729)	\$11.10	PN or AHW <sup>5</sup>	Five visits in a calendar year	
<b>Item 725</b>	Review of a GP Management Plan by the patient's usual GP.	\$65.30 <sup>1</sup>	GP <sup>2</sup>	Once in every six months	Three months <sup>4</sup>
<b>Item 727</b>	Coordination of Review of Team Care Arrangement by the patient's usual GP	\$65.30 <sup>1</sup>	GP <sup>2</sup>	Once in every six months	Special Conditions Apply
<b>Item 729</b>	Contribution or review by patient's GP to a multidisciplinary care plan prepared by <b>another</b> healthcare provider	\$63.75 <sup>1</sup>	GP <sup>2</sup>	Once in every six months	Special Conditions Apply
<b>Item 731</b>	Contribution or review by patient's usual GP to a multidisciplinary care plan prepared by a <b>Residential Aged Care Facility</b> or another healthcare provider for a <b>resident</b> of an aged care facility.	\$63.75 <sup>1</sup>	GP <sup>2</sup>	Once in every six months	Three months <sup>4</sup>
<b>Item 900</b>	Home Medication Review (HMR or DMMR), a review of the patient's medications conducted <b>in</b> the patient's home by the patient's preferred Pharmacist.	\$140.20 <sup>1</sup>	GP <sup>2</sup>	Once in 12 months	< 12 months <sup>4</sup>
<b>Item 903</b>	Participation by a GP in a collaborative Residential Medication Management Review (RMMR) for a permanent resident of a RACF.	\$96.00 <sup>1</sup>	GP <sup>2</sup>	Once in 12 months	< 12 months <sup>6</sup>
<b>Item 2710</b>	Preparation by a GP, of a GP Mental Health Care Plan for a patient	\$156.85 <sup>1</sup>	GP <sup>2</sup>	Once in 12 months	<12 months <sup>7</sup>
<b>Item 2712</b>	Attendance by a GP to review a GP mental health care plan to which item 2710 applies or to review a psychiatrist assessment and management plan to which item 291 applies	\$104.55 <sup>1</sup>	GP <sup>2</sup>	Twice in 12 months	> Twice <sup>7</sup>
<b>Item 2713</b>	Attendance by a GP involving taking relevant history, identifying problem(s), providing treatment, advice and/or referral for other services or treatments and documenting the outcomes of the consultation, for a patient with a mental disorder. Lasting at least 20 mins (separate appt. for items 2710 or 2712).	\$69.00 <sup>1</sup>	GP <sup>2</sup>	No restrictions	
<b>Item 2721</b>	Attendance by a GP associated with provision of Focus Psychological Strategies. Lasting 30 to 40 mins <i>GPs providing this service must registered with Medicare Australia as having Level 2 mental health skills training</i>	\$84.00 <sup>1</sup>	GP <sup>2</sup>	Up to 12 sessions-two groups of six	Up to a further six sessions <sup>7</sup>

<sup>1</sup> Bulk billing incentive 10990 or 10991 can be claimed, there are restrictions consult MBS Book 1 November 2008

<sup>2</sup> Aboriginal Health Workers, Practice Nurses, Mental Health Nurse (Items 2710 & 2712) or Pharmacists (900 & 903) can assist GPs with the provision of these items

<sup>3</sup> Only if a new GPMP TCA is required

<sup>4</sup> Only if clinically indicated i.e. newly diagnosed chronic/terminal illness/exacerbation of a chronic illness, requires annotation on Medicare voucher i.e. "clinically indicated".

<sup>5</sup> GP does not have to see the patient for these consultations with PNs and AHW

<sup>6</sup> Only if clinically indicated eg newly admitted resident to a RACF or newly diagnosed chronic/terminal illness/exacerbation of a chronic illness, requires annotation on Medicare voucher eg 'clinically indicated'

<sup>7</sup> Only in exceptional circumstances