

Optimising MBS items for patients with drug and alcohol issues

The following compilation of MBS items has been developed for GPs treating patients with drug and alcohol 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)	\$150.10	<ul style="list-style-type: none"> For use to enhance care when one or more chronic disease present i.e. Cirrhosis of the liver from alcohol use disorder Requires care from multidisciplinary team Co-claiming of GP consultation items (i.e. 3,4,23,24 etc.) with COM items 721, 723 or 732 is not permitted for the same patient on the same day. 721/723 minimum claim period – 12 months 729-732 minimum claim period – 3 months
723	Team Care Arrangement (TCA)	\$118.95	
732	Review of GPMP/TCA	\$74.95	
10997	Service to patient with GPMP/TCA by a PN or Aboriginal health practitioner	\$12.50	<ul style="list-style-type: none"> Not more than 5, per patient, per year
GP Mental Health Treatment Items			
<ul style="list-style-type: none"> All substance use disorders and 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. There does not need to be a second mental health condition '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 or at: https://www.racgp.org.au/ 			
2700	Consultation for the completion of GP MH treatment plan 20mins but < 40 mins	\$74.60	<ul style="list-style-type: none"> Assessment of patients and preparation of care plan with option to refer 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
2701	Consultation to complete GP MH treatment plan of at least 40 mins	\$109.85	
2712	Review GP MH treatment plan	\$74.60	<ul style="list-style-type: none"> Should occur 4 weeks to 6mths after GP MHTP 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	\$74.60	<ul style="list-style-type: none"> 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	\$94.75	<ul style="list-style-type: none"> Preparation of a Mental health treatment plan by a GP who has completed MH skills training Mental Health Skills Training accreditation course available through RACGP
2717	GP MHTP consultation by GP with MH skills training at least 40 mins	\$139.55	
2721	GP providing focused psychological strategies 30mins and < 40mins	\$96.50	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Must have credentialing registered with Medicare (FPS) Fee= Fee for 2721 plus \$27.00 divided by the number of patients see up to 6 patients.
2725	GP providing focused psychological strategies, at least 40 minutes	\$138.10	<ul style="list-style-type: none"> Must have credentialing registered with Medicare (FPS)

Aboriginal Health Assessment			
715	Health Assessment for Aboriginal and Torres Strait Islander People	\$220.85	<ul style="list-style-type: none"> 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	\$24.95	<ul style="list-style-type: none"> 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	\$64.80	<ul style="list-style-type: none"> 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.
Items	Duration	\$	<ul style="list-style-type: none"> Maximum of 5 conferences per patient in 12-month period Requires three or more providers present who provide a service to the patient. * May only claim one item per case conference Can be conducted face to face, tele/videoconference or a combination GP role: <ul style="list-style-type: none"> Obtain consent from resident and all participants Document meeting and outcomes Provide copies of outcomes to all participants Read MBS requirements
735	15-20 minutes	\$73.55	
739	20-40 minutes	\$125.85	
743	>40 minutes	\$209.80	
Case Conference GP participates			
747	15-20 minutes	\$54.05	
750	20-40 minutes	\$92.60	
758	>40 minutes	\$154.20	
General Consultation Items			
Item	Name	\$	Description/Recommended Frequency
3	Consultation (Level A)	\$17.90	Brief
23	Consultation (Level B)	\$39.10	Standard <20 mins
36	Consultation (Level C)	\$75.75	Long > 20 mins
44	Consultation (Level D)	\$111.50	Prolonged > 40 mins
Home/Institution Visits - VR GP			
4	Brief	\$45.30	Fee for item 3, plus \$27.40 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 \$2.15 per patient.
24	Standard <20 mins	\$66.50	The fee for item 23, plus \$27.40 divided by the number of patients seen. For seven or more patients - the fee for item 23 plus \$2.15 per patient.
37	Long 20 minutes	\$103.15	The fee for item 36, plus \$27.40 divided by the number of patients seen. For seven or more patients - the fee for item 23 plus \$2.15 per patient.
47	Prolonged 40 minutes	\$138.90	The fee for item 44, plus \$27.40 divided by the number of patients seen. For seven or more patients - the fee for item 23 plus \$2.15 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; orthoptists; 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.

For further information email: HealthDASSAGPPProgram@sa.gov.au

Information correct as at July 2021. Confirm with MBS online [here](#) or go to: <http://www.mbsonline.gov.au>

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