



MBS Item 731

Contribution to a Multidisciplinary Care Plan for an RACF resident

Snap shot

MBS item number	731
Schedule fee	\$70.40 ⁱ
Minimum claiming period	3 months

Regulatory requirements

The Chronic Disease Management Items (CDMI) listed in the Medicare Benefit Schedule (MBS) provide rebates for general practitioners to manage the chronic or terminal medical conditions of their patients by preparing, coordinating, reviewing and contributing to a health care plan.

For the purposes of Medicare, a chronic disease is one that has been present or is likely to be present for six months or more, or is terminal.

MBS item number 731 allows for the contribution to a Multidisciplinary Care Plan (MDCP) or the review of a MDCP, for a patient who is a care recipient in a residential aged care facility (RACF).

Patient eligibility

In addition to the eligibility requirements listed in the individual CDMI item descriptors, the MBS General Medical Services Table mandates the following eligibility criteria:

MBS Item number 731 is:

- only available to care recipients in a RACF.

Who can provide a Multidisciplinary Care Plan?

MBS item number 731 should generally be undertaken by the patient's usual medical practitioner. The patient's 'usual general practitioner' means the general practitioner, or a general practitioner working in the medical practice, who has provided the majority of care to the patient over the previous twelve months and/or will be providing the majority of general practitioner services to the patient over the next twelve months. The term 'usual general practitioner' would not generally apply to a practice that provides only one specific CDM service.

Written Plan

A MDCP in a RACF involves a written plan that:

- is prepared for a patient by a collaborating provider (other than a medical practitioner), in consultation with at least two other collaborating providers, each of whom provides a different kind of treatment or services to the patient; and
- describes, at least, treatment and services to be provided to the patient by the collaborating providers.

When contributing to a MDCP or to a review of the care plan, the medical practitioner must:

- prepare part of the plan or make amendments to the plan; and
- add a copy to the patient's medical records; or

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.

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- give advice to a person who prepares or reviews the plan and record in writing, on the patient's medical records, any advice provided to such a person.

MBS item number 731 can also be used for contribution to a MDCP prepared for a resident by another provider before the resident is discharged from a hospital or an approved day-hospital facility, or to a review such a plan prepared by another provider (not being a service associated with a service to which items 735 to 758 apply).

Patients being managed under the CDMI may also be eligible for:

- individual allied health services (MBS item numbers 10950 to 10970); and/or
- group allied health services (MBS item numbers 81100 to 81125); and/or
- dental services (MBS item numbers 85011-87777)

More information on eligibility requirements can be found in the MBS explanatory notes for individual allied health services and group allied health services.

Minimum claiming period

The minimum claiming period for a Contribution to a MDCP or the Review of a MDCP, for a patient who is a care recipient in a RACF is once every three months.

However, a MDCP may be provided more frequently should exceptional circumstances exist for a patient. For example, if 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.

Where a service is provided in exceptional circumstances, the patient's invoice or Medicare voucher should be annotated to indicate the reason why the service was required earlier than the minimum time interval for the relevant item.

More information

Advice on the items and further guidance are available at:

www.health.gov.au/mbsprimarycareitems

ⁱ Medicare rebates are paid as a percentage of the Medicare Schedule Fee. Please use the [MBS online search](#) to confirm the available rebate.