Practice Assist
Strengthening general practice in WA

Fact Sheet

V2 – July 2018

MBS Item 723
Coordination of Team Care Arrangements

Snap shot

MBS item number	723
Schedule fee	$114.30[i]
Minimum claiming period	12 months*

*May be provided more frequently in exceptional circumstances

Regulatory requirements

The Chronic Disease Management (CDM) items 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 723 allows for the coordination of a Team Care Arrangement between collaborating eligible medical practitioners.

Patient eligibility

A Team Care Arrangement (TCA) is designed for patients of any age, who have a chronic or terminal medical condition and complex needs requiring ongoing care from a multidisciplinary team.

It is designed for patients who require care from at least three collaborating health or care providers, each of whom provides a different kind of treatment of service and at least one of whom is a medical practitioner'.

In addition to the eligibility requirements listed in the individual MBS item descriptions, the MBS General Medical Services Table lists the following eligibility criteria:

- The coordination of a TCA is available to:
  - patients in the community;
  - private in-patients of a hospital (including private in-patients who are residents of aged care facilities) being discharged from hospital.
- A TCA is not available to:
  - public in-patients of a hospital; or
  - care recipients in a residential aged care facility.

Who can provide a Team Care Arrangement?

MBS item number 723 should generally be undertaken by the patient's usual medical practitioner. The patient's 'usual general practitioner' is 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.

A practice nurse, Aboriginal and Torres Strait Islander health practitioner, Aboriginal health worker or other health professional may assist a general practitioner with MBS item number 723 (eg in patient assessment, identification of patient needs and making arrangements for services). However, the general practitioner must meet all

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regulatory requirements, review and confirm all assessments and see the patient.

Developing a Team Care Arrangement

When coordinating the development of a TCA the medical practitioner must:

- when making arrangements for the multidisciplinary care of the patient, consult with at least two collaborating providers, each of whom will provide a different kind of treatment or service to the patient, and one of whom may be another medical practitioner;
- prepare a document that describes:
  - treatment and service goals for the patient;
  - treatment and services that collaborating providers will provide to the patient;
  - actions to be taken by the patient;
  - arrangements to review steps a), b) and c) by a date specified in the document;
- explain the steps involved in the development of the arrangements to the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees);
- discuss with the patient the collaborating providers who will contribute to the development of the TCA and provide treatment and services to the patient under those arrangements;
- record the patient's agreement to the development of the TCA;
- give copies of the relevant parts of the document to the collaborating providers;
- offer a copy of the document to the patient and the patient's carer (if any, and if the practitioner considers it appropriate and the patient agrees); and
- add a copy of the document to the patient's medical records. One of the minimum two service providers collaborating with the general practitioner can be another medical practitioner. The patient's informal or family carer can be included in the collaborative process but does not count towards the minimum of three collaborating providers.

Minimum claiming period

The minimum claiming period for a TCA is once every twelve months. However, a TCA 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.

Access to allied health items

Patients who have both a GP Management Plan (MBS item 721) and a Team Care Arrangement (MBS item 723) may be eligible to claim up to five allied health services per calendar year, as referred by their general practitioner through the GPMP.

Similarly, residents of residential aged care facilities may also be eligible for these allied health items when a GP has contributed to a care plan prepared for the resident by the residential aged care facility and referred them for allied health services under item 731.

Patients with a GPMP (item 721) and Type 2 diabetes can also access Medicare rebates for allied health group services (MBS items 81100 to 81125).

The allied health referral must be made using the template form issued by the Department of Health, or a referral containing all the components of the template). The allied health referral form can be found here - https://goo.gl/W2hLAk

Eligible allied health providers will use the MBS item number appropriate for their profession – which include:

- Aboriginal Health Workers or Aboriginal and Torres Strait Islander Health Practitioners - item 10950
- Audiologists - item 10952
- Chiropractors - item 10964
- Diabetes Educators - item 10951
- Dietitians- item 10954
- Exercise Physiologists - item 10953
- Mental Health Workers* - item 10956
- Occupational Therapists - item 10958
- Osteopaths - item 10966
- Physiotherapists - item 10960
- Podiatrists - Item 10962
- Psychologists - item 10968
- Speech Pathologists - item 10970

*Includes Aboriginal health workers or Aboriginal and Torres Strait Islander Health Practitioners, mental health nurses, occupational therapists, psychologists and some social workers.

Aboriginal and Torres Strait Islander patients

Aboriginal and Torres Strait Islander people who have received a Health Assessment (MBS Item 715) may be eligible for five allied health services. This is in addition to eligible allied health services through a GPMP and TCA. In this case, where eligible, a patient may receive up to ten allied health services in a calendar year.

Checking eligibility

For inquiries about patient eligibility, claiming, fees and rebates, call the Department of Human Services (Medicare): patient inquiries 132 011; provider inquiries 132 150.

Restrictions on access

The TCA MBS item number 723 cannot be claimed by general practitioners when they are a recognised specialist in the specialty of palliative medicine and treating a referred palliative care patient under MBS item numbers 3005-3093. The referring practitioner is able to provide the CDM services.

Co-claiming of general practice consultation items 3, 4, 23, 24, 36, 37, 44, 47, 52, 53, 54, 57, 58, 59, 60, 65, 585, 588, 591, 594, 599, 600, 5000, 5003, 5020, 5023, 5040, 5043, 5060, 5063, 5200, 5203, 5207, 5208, 5220, 5223, 5227 and 5228 with chronic disease management items 721, 723, or 732 is not permitted for the same patient, on the same day, and the higher fee paying item will be rejected by Medicare when claimed.

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

More information

- Advice on the items and further guidance are available at: www.health.gov.au/mbsprimarycareitems
- RACGP Improving chronic disease management in your general practice https://www.racgp.org.au/your-practice/ehealth/additional-resources/ehealth-webinars/chronic/
- HealthPathways WA https://wa.healthpathways.org.au/76752.htm
- Aboriginal Health Initiatives https://wa.healthpathways.org.au/42554.htm

Sources

- Royal Australian College of General Practitioners (RACGP) https://www.racgp.org.au/your-practice/ehealth/additional-resources/ehealth-webinars/chronic/
- Australian Government Department of Health http://www.health.gov.au/ > For Health Professionals > Medicare > Primary Care (GP, nursing, allied health)
- MBS Online www.mbsonline.gov.au