



# MBS Item 729

## Contribution to a Multidisciplinary Care Plan

### Snap shot

<b>MBS item number</b>	<b>729</b>
Schedule fee	\$70.40 <sup>i</sup>
Minimum claiming period	3 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 729 allows for the contribution to a Multidisciplinary Care Plan (MDCP) or the review of a MDCP, for a patient who is not a care recipient in a residential aged care facility (RACF).

### Patient eligibility

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

MBS Item number 729 is:

- available to patients in the community and private and public in-patients being discharged from hospital.
- not available to care recipients in a residential aged care facility.

### Written Plan

A MDCP is a written plan that:

- is prepared for a patient by:
  - a medical practitioner in consultation with two other collaborating providers, each of whom provides a different kind of treatment or service to the patient, and one of whom may be another medical practitioner; or
  - 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 MDCP, the medical practitioner/s must:

- prepare part of the plan or make amendments to the plan; and
- add a copy of the plan to the patient's medical records; or
- 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.
- More information on eligibility requirements can be found in the MBS explanatory notes for individual allied health services and group allied health services.

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

Practice Assist is an initiative of



WA Primary Health Alliance is supported by funding from the Australian Government under the PHN Program.

Rural Health West is funded by the Australian Government and the WA Country Health Service.

## Who can provide a Multidisciplinary Care Plan?

MBS item number 729 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 practice 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 service.

## Minimum claiming period

The minimum claiming period for a contribution to a MDCP, or the review of a MDCP 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

---

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

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

**Medicare Benefits Schedule -**  
<http://www.mbsonline.gov.au>

**Department of Health -**  
[www.health.gov.au/mbsprimarycareitems](http://www.health.gov.au/mbsprimarycareitems)

**HealthPathways WA -**  
<https://wa.healthpathways.org.au/76752.htm>