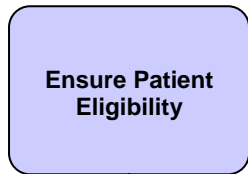
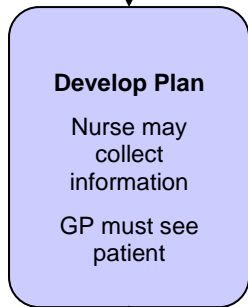


## GP Management Plan (GPMP) – Item 721



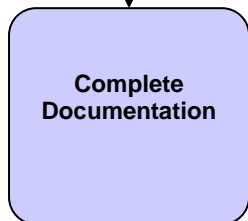
### Eligibility Criteria

- No age restrictions for patients
- Patients with a chronic or terminal condition
- Patients who will benefit from a structured approach to their care
- Not for public patients in a hospital or patients in a Residential Aged Care Facility
- A GP Mental Health Treatment Plan (Item 2702 / 2710) is suggested for patients with a mental disorder only



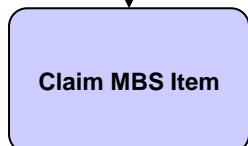
### Clinical Content

- Explain steps involved in GPMP, possible out of pocket costs, gain consent
- Assess health care needs, health problems and relevant conditions
- Agree on management goals with the patient
- Confirm actions to be taken by the patient
- Identify treatments and services required
- Arrangements for providing the treatments and services
- Review using item 732 at least once over the life of the plan



### Essential Documentation Requirements

- Record patient's consent to GPMP
- Patient needs and goals, patient actions, and treatments/services required
- Set review date
- Offer copy to patient (with consent, offer to carer), keep copy in patient file



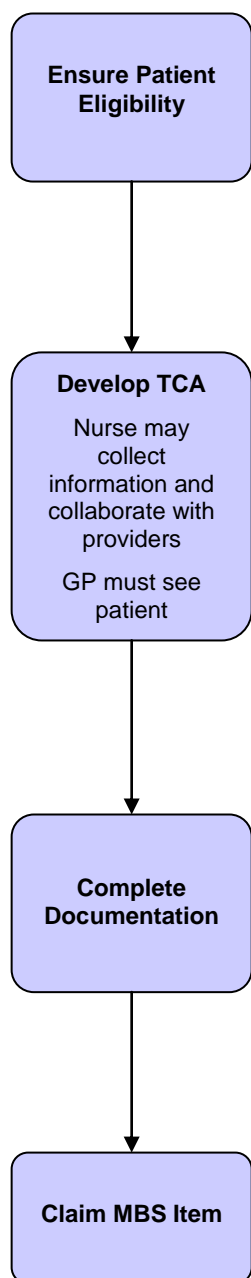
### Claiming

- All elements of the service must be completed to claim
- Requires personal attendance by GP with patient
- Review using item 732 at least once during the life of the plan

<b>MBS item</b>	<b>Name</b>	<b>Recommended Frequency</b>
721	GP Management Plan	2 yearly (Minimum 12 monthly)

MBS item 10990 (Bulk Billing Incentive) may also be claimed for eligible patients

## Team Care Arrangement (TCA) – Item 723



### Eligibility Criteria

- No age restrictions for patients
- Patients with a chronic or terminal condition and complex care needs
- Patients who need ongoing care from a team including the GP and at least 2 other health or care providers
- Not for patients in a hospital or Residential Aged Care Facility

### Clinical Content

- Explain steps involved in TCA, possible out of pocket costs, gain consent
- Treatment and service goals for the patient
- Discuss with patient which 2 providers the GP will collaborate with and the treatment and services the 2 providers will deliver
- Actions to be taken by the patient
- Gain patient's agreement on what information will be shared with other providers
- Ideally list all health and care services required by the patient
- Obtain potential collaborating providers' agreement to participate
- Consult with 2 collaborating providers and obtain feedback on treatments/services they will provide to achieve patient goals

### Essential Documentation Requirements

- Record patient's consent to TCA
- Goals, collaborating providers, treatments/services, actions to be taken by patient
- Set review date
- Send copy of relevant parts to collaborating providers
- Offer copy to patient (with consent, offer to carer), keep copy in patient file

### Claiming

- All elements of the service must be completed to claim
- Requires personal attendance by GP with patient
- Review using item 732 at least once during the life of the plan
- Claiming a GPMP and TCA enables patients to receive 5 rebated services from allied health and a range of dental services over 2 consecutive calendar years

<b>MBS item</b>	<b>Name</b>	<b>Recommended Frequency</b>
723	Team Care Arrangement	2 yearly (Minimum 12 monthly)

MBS item 10990 (Bulk Billing Incentive) may also be claimed for eligible patients

## Reviewing a GP Management Plan (GPMP) and/or Team Care Arrangement (TCA) – Item 732

### Reviewing a GP Management Plan (GPMP)

#### Clinical Content

Explain steps involved in the Review and gain consent  
Review all matters in relevant plan

#### Essential Documentation Requirements

Record patient's agreement to Review  
Make any required amendments to plan  
Set new review date  
Offer copy to patient (with consent, offer to carer), keep copy in patient file

#### Claiming

All elements of the service must be completed to claim  
Item 732 should be claimed at least once over the life of the GPMP  
Cannot be claimed within 3 months of a GPMP (item 721)  
Item 732 can be claimed twice on same day if review of both GPMP and TCA are completed, in this case the Medicare claim should be annotated

### Reviewing a Team Care Arrangement (TCA)

#### Clinical Content

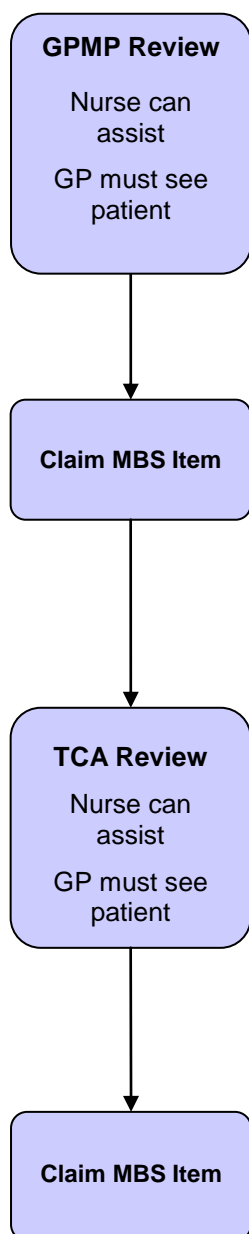
Explain steps involved in the Review and gain consent  
Consult with 2 collaborating providers to review all matters in plan

#### Essential Documentation Requirements

Record patient's consent to Review  
Make any required amendments to plan  
Set new review date  
Send copy of relevant parts of amended TCA to collaborating providers  
Offer copy to patient (with consent, offer to carer), keep copy in patient file

#### Claiming

All elements of the service must be completed to claim  
Requires personal attendance by GP with patient  
Item 732 should be claimed at least once over the life of the TCA  
Cannot be claimed within 3 months of a TCA (item 723)  
Item 732 can be claimed twice on same day if review of review of both GPMP and TCA are completed, in this case the Medicare claim should be annotated



<b>MBS Item</b>	<b>Name</b>	<b>Recommended Frequency</b>
732	Review of GP Management Plan and/or Team Care Arrangement	6 monthly (Minimum 3 monthly)

MBS item 10990 (Bulk Billing Incentive) may also be claimed for eligible patients