

**Drug and Alcohol MBS Items**

In November 2016, 15 items were introduced for addiction medicine supporting addiction medicine specialists to provide care (see [MBS Online it](http://www.mbsonline.gov.au/)ems 6018- 6042). No specific addiction medicine MBS items are available for general practice at this time. In order to ensure that patients receive the necessary care, GPs may consider optimising the following items to better support their patients with alcohol and other drugs of addiction. Addiction issues may be considered a mental health issue and many AOD clients have concurrent chronic diseases. This resource has been adapted from one developed by South Western Sydney Primary Health Network.



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| **General Consultation Items**  |
| **Item**  | **Name**  | **$**  | **Description/Recommended Frequency**  |
| **3**  | Consultation (Level A)  | $18.20 | Brief  |
| **23**  | Consultation (Level B)  | $39.75 | Standard <20 mins  |
| **36**  | Consultation (Level C)  | $76.95 | Long ≥ 20 mins  |
| **44**  | Consultation (Level D)  | $113.30 | Prolonged ≥ 40 mins  |
| Benefit = 100% on above consultation items  |
| **Chronic Disease Care plans**  |
|  **721**  | GP Management Plan (GPMP)  | $158.00 (Benefit 75% = $118.50)  | * For use when co-morbid chronic disease present
* Co-claiming of GP consultation items (i.e.

3,4,23,24 etc.) with CDM 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 – 3months
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|  **723**  | Team Care Arrangement (TCA)  | $125.20 (Benefit 75% = $93.90)  |
|  **732**  |  Review of GPMP/TCA  | $78.90(Benefit 75% = $59.20)  |
|  **10997**  | Service to patient with GPMP/TCA by a PN/AHW/AHP  | $13.15 (Benefit 100%)  |  Not more than 5, per patient, per year  |
| **GP Mental Health Treatment Items**  |
|  **2700**  | Consultation for the completion of GP MH treatment plan 20mins but < 40 mins  |  $78.55(Benefit 75% = $58.95)  | * 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
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|  **2701**  | Consultation to complete GP MH treatment plan of at least 40 mins  | $115.60(Benefit 75% = $86.70)  |
|   **2712**  |   Review GP MH treatment plan  |   $78.55(Benefit 75% = $58.95)  | **Telehealth**92126$78.55 | * Should occur 4 wks to 6mths after completion of GPMHTP,
* Minimum 3 months between reviews. Should not require more than two reviews in 12 months.  Following up with ‘Consultations”
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|  **2713**  | GP Mental Health Treatment consultation ≥ 20 min  | $78.55(Benefit 100%)  | 92127$78.55 |  For extended consultation, taking history, providing treatment/advice/referral  Unlimited claims per year  |
|  **2715**  | GP MHTP consultation by GP with MH skills training 20mins but < 40 mins  | $99.70(Benefit 75% = $74.80)  |  * 2715 and 2717 can be claimed by GPs who have completed MH training
* [Mental Health Skills Training accreditation](http://www.racgp.org.au/education/gpmhsc/gps/education/)
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|  **2717**  | GP MHTP consultation by GP with MH skills training at least 40 mins  | $146.90 (Benefit 75% = $110.20)  |
|    **2721**  |  GP providing focused psychological strategies 30mins and < 40mins  |  $101.60(Benefit 100%)  |  Medical practitioner must be registered with Medicare as meeting credentialing requirements (FPS training)  |

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| **Case Conference GP *organises and coordinates***  |
| **Items**  | Duration  | $  |  Maximum of 5 conferences per patient in 12 month period  |
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| **735**  | 15-20 minutes  | $77.45 | * 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:**
* Obtain consent from resident and all participants
* Document meeting and outcomes
* Provide copies of outcomes to all participants
* [Read MBS requirements](http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare-caseconf-factsheet.htm)
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| **739**  | 20-40 minutes  | $132.45 |
| **743**  | >40 minutes  | $220.80 |
| **Case Conference GP *participates***  |
| **747**  | 15-20 minutes  | $56.90 |
|  | 20-40 minutes  | $97.50 |
|  **750**  |  |
|  | >40 minutes  | $162.30 |
|  **758**  |  |
| Benefit = 75% on above case conference items  |
| **Home/ Institution Visits – VR GP**  |
|   **4**  |   Brief  |   $47.05 |     | Fee for item 3 ($18.20), plus $28.85 divided by the  |   |
| number of patients seen, up to a maximum of six  |   |
| patients.  |   |
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| For seven or more patients - the fee for item 3  |   |
| ($18.20) plus $2.30 per patient. See below  |   |
| **24**  | Standard <20 mins  | $68.60  |   | The fee for item 23 ($39.75), plus $28.85 divided by  |   |
| the number of patients seen, See below.  |   |
| **37**  | Long ≥ 20 minutes  | $105.80  |   | The fee for item 36 ($76.95), plus $28.85 divided by  |   |
| the number of patients seen, See below.  |   |
| **47**  | Prolonged ≥ 40 minutes  | $142.15 |   | The fee for item 44 ($113.30), plus $28.85 divided  |  |
| by the number of patients seen, See below.  |   |

\*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.

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