User Guide

Contribution to a Multidisciplinary Care Plan

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Regulatory requirements

Chronic Disease Management (CDM) items provide rebates for GPs to manage chronic or terminal medical conditions by preparing, coordinating, reviewing or contributing to chronic disease management (CDM) plans. They apply for a patient who suffers from at least one medical condition that has been present (or is likely to be present) for at least six months or is terminal.

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

Patient eligibility

In addition to the eligibility requirements listed in the individual CDM item descriptors, the General Medical Services Table (GMST) mandates the following eligibility criteria:

Item 731 is:

- Only available to care recipients in a residential aged care facility.

Who can provide a MDCP?

Item 731 should generally be undertaken by the patient’s usual medical practitioner. The patient’s “usual GP” means the GP, or a GP 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 GP services to the patient over the next twelve months. The term “usual GP” would not generally apply to a practice that provides only one specific CDM service.

Written Plan

A multidisciplinary care plan in a Residential Aged Care Facility (RACF) means a written plan that:

a) Is prepared for a patient by a collaborating provider (other than a medical practitioner, e.g. a RACF), in consultation with at least two other collaborating providers, each of whom provides a different kind of treatment or services to the patient; and

b) Describes, at least, treatment and services to be provided to the patient by the collaborating providers.

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

a) prepare part of the plan or amendments to the plan and add a copy to the patient’s medical records; or

b) 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.
Item 731 can also be used for contribution to a Multidisciplinary Care Plan 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 chronic disease management items may also be eligible for:

- Individual allied health services (items 10950 to 10970); and/or
- Group allied health services (items 81100 to 81125); and/or
- Dental services (items 85011-87777).

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

Minimum claiming period

The minimum claiming period for a Contribution to a Multidisciplinary Care Plan or the Review of a Multidisciplinary Care Plan, for a patient who is a care recipient in a residential aged care facility 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.

More information

Advice on the items and further guidance are available at: