

GP contribution to a care plan prepared by another provider

Summary of explanatory notes and web links

GP contribution to Care Planning which is being prepared by another provider		Practice nurse / Aboriginal health worker provision of monitoring and support #10997	
Contribution to a Care Plan or to a review of a Care Plan, being prepared or reviewed by another provider #729	Contribution to a Care Plan or to a review of a Care Plan being prepared by the residential aged care facility (RACF) or hospital from which the resident is being discharged #731		
Steps that must be taken to claim the Medicare item	<ul style="list-style-type: none"> Gaining or confirming the patient's agreement for the GP to contribute to the care plan, or to the review of the care plan and to share relevant information with the other providers Collaborating with the person preparing the care plan to set goals and specify the treatment/services to be provided by the GP Adding to the patient's records a copy or notation of the GP's contribution to the plan (either the treatment/services to be provided by the GP or the GP's advice to the person preparing the plan) 	<ul style="list-style-type: none"> Responding to a request from the RACF or hospital to contribute to the care plan Gaining or confirming the resident's agreement for the GP to contribute to the care plan, or to the review of the care plan and to share relevant information with the other providers Collaborating with the person preparing the care plan to set goals and specify the treatment/services to be provided by the GP Adding to the patient's medical records and the records at the RACF or hospital a copy or notation of the GP's contribution to the plan (either the treatment/services to be provided by the GP or the GP's advice to the person preparing the plan) 	<ul style="list-style-type: none"> Assisting patients on an EPC Care Plan who require access to ongoing care, routine treatment and ongoing monitoring and support between the more structured reviews of the care plan by the patient's usual GP Note: Cannot be claimed at the same time as EPC Care Planning items #721, #723, #725, #727, #729 or #731
Medicare rules relating to frequency of service	One per patient in a 3-month period. The recommended frequency is one every 6 months (if required). Other than in exceptional circumstances, a rebate will not be paid within 12 months of a GP Management Plan (GPMP) or Team Care Arrangements (TCA) claimed by the same practitioner for that patient	One per patient in a 3-month period. The recommended frequency is one every 6 months (if required). Other than in exceptional circumstances, a rebate will not be paid within 3 months of a GPMP or TCA claimed by the same practitioner for that patient	A maximum of 5 services per patient per calendar year
Role of the GP	<ul style="list-style-type: none"> Ultimate responsibility for the Medicare service 	<ul style="list-style-type: none"> Ultimate responsibility for the Medicare service 	<ul style="list-style-type: none"> The GP retains responsibility for the health, safety and clinical outcomes of the patient.
Roles that can be performed by practice nurses (PNs) or Aboriginal health workers (AHWs) on behalf of and under the supervision of a GP	<ul style="list-style-type: none"> Liaising with the person preparing the care plan to organise the collaboration, or to gather information necessary for consideration by the GP 	<ul style="list-style-type: none"> Liaising with the facility or hospital to organise the collaboration, or to gather information necessary for consideration by the GP 	<ul style="list-style-type: none"> All tasks Check web link for examples of specific services
Main information web link	GP Items: www.health.gov.au/internet/main/publishing.nsf/Content/pcd-programs-epc-chronicdisease PN Item: http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=M2.1&qt=noteID		

All information is current as at September 2008. Health professionals intending to use these items should refer to the Medicare Benefits Schedule (MBS) book for more comprehensive information, including the MBS requirements for each item. Alternatively, they can search for specific items at www9.health.gov.au/mbs or telephone Medicare Australia on 03 9605 7964 or contact the local Division of General Practice.