

CDM Claiming Cheat Sheet

A guide to the key item numbers used for Chronic Disease Management and the frequency in which you can bill them.

Description	Item no.	Minimum claiming period	Recommended claiming period	Comments
Preparation of a GP Management Plan (GPMP)	VR – 721, 92024 Non-VR – 229, 92055	12 months	24 months	Complete all elements to be able to claim the service requires personal attendance by GP with patient review using item 732 at least once during the life of the plan
Coordination of Team Care Arrangements (TCA)	VR – 723, 92025 Non-VR – 230, 92056	12 months	24 months	Complete all elements to be able to claim the service 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 five rebated services from allied health.
Review of a GPMP or TCA	VR – 732, 92028 Non-VR – 233, 92059	3 months	6 months	Complete all elements to be able to claim the service 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 three months of a GPMP or TCA (item 721 or 723) item 732 can be claimed twice on same day if review of both GPMP and TCA are completed.
Contribution to or a review of a Multidisciplinary Care Plan (non Aged-Care)	VR – 729, 92026 Non-VR – 231, 92057	3 months	6 months	This is available to patients in the community and both private and public in-patients being discharged from hospital.
Contribution to or review of a Multidisciplinary Care plan (Aged Care)	VR – 731, 92027 Non-VR – 232, 92058	3 months	6 months	This item is available to care recipients in a residential aged care facility only.
Service to a patient with GPMP/TCA by practice nurse or Aboriginal health worker	10997	5 per calendar year	-	Item 10997 may be used to provide: checks on clinical progress; monitoring medication compliance; self-management advice, and; collection of information to support GP/medical practitioner reviews of Care Plans.

Further Information

Items 721, 723, 729, 731 and 732 provide rebates 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.

Some common conditions that a GPMP/TCA can be completed for but are not limited to:

- asthma
- cancer
- cardiovascular disease
- diabetes
- kidney disease
- musculoskeletal conditions
- Stroke

These conditions need to have been, or are likely to be, present for 6 months.

Regulatory requirements

*Referenced from AN.0.47 - Chronic Disease Management Items (Items 721 to 732)

Restriction of Co-claiming of Chronic Disease and General Consultation Items

Co-claiming of consultation items 3, 4, 23, 24, 36, 37, 44, 47, 52, 53, 54, 57, 58, 59, 60, 65, 585, 588, 591, 594, 599, 600, 5000, 5003, 5020, 5023, 5040, 5043, 5060, 5063, 5200, 5203, 5207, 5208, 5220, 5223, 5227 and 5228 with chronic disease management items 721, 723, or 732 is not permitted for the same patient, on the same day.

Item 732 can be claimed twice on the same day providing an item 732 for reviewing a GP Management Plan and another 732 for reviewing Team Care Arrangements (TCAs) are both delivered on the same day as per the MBS item descriptors and explanatory notes.

Keep up to date

- MBS online: <http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home>
- Services Australia Guide to CDM: <https://www.servicesaustralia.gov.au/chronic-disease-gp-management-plans-and-team-care-arrangements>
- Subscribe to MBS updates: <http://www9.health.gov.au/mbs/subscribe.cfm>