

SYSTEMATIC CARE CLAIMING RULES

Medicare Benefits Schedule: 1 May 2008

MBS is updated 1 May and 1 November annually

Legend MBS Item Numbers

No claiming restrictions

X Not Applicable

700 Health Assessment Aged 75 +

717 45 - 49 Year Old Health Check

721 GP Management Plan

723 Team Care Arrangement

725 Review of GP Management Plan

727 Review of Team Care Arrangement

900 Home Medication Review

2517 Diabetes Cycle of Care SIP

2546 Asthma Cycle of Care SIP

2710 GP Mental Health Care Plan

2712 Review of GP Mental Health Care Plan

Months until next claim for service

Item Claimed	Months until next claim for service												
	700	717	*721	*723	**725	**727	900	†2517	††2546	2710	§2712		
700	12	X											
717	X	Once only											
*721			24			6					12		
*723				24		6							
**725					6	6				3	3		
**727						6				3	3		
900										12			
†2517											11-13		
††2546												12	
2710												12	1
§2712												1	3
MBS Item Numbers	700	717	*721	*723	**725	**727	900	†2517	††2546	2710	§2712		

Additional Claiming Rules

*** 721 & 723** Recommended claiming period 24 months, minimum claiming period 12 months

****725 & 727** Recommended claiming period 6 months, minimum claiming period 3 months

† 2517 Cannot claim within 3 months of Review Items 725 and 727

†† 2546 Cannot claim within 12 months of claiming Item 721 alone, as services significantly overlap. Can claim after claiming 721 and 723 as patients have complex care needs

§2712 Review recommended 1 month – 6 months after 2710, with not more than 2 reviews in a 12 month period

Notes Where a service is provided earlier than minimum claiming periods the patient invoice or Medicare voucher should be annotated. For example; clinically indicated/required, hospital discharge, exceptional circumstances, significant change.

Standard consultations, health assessments, care plans and medication reviews (HMR) should not be claimed on the same day. If provided on the same day the patient invoice or Medicare voucher should be annotated, for example; clinically indicated/required, separate service.