

Health Assessments GROUP 14

Item	Amount Paid	Time Required	Number per year	Benefit Description	Terms and Conditions
701	\$59.35	Brief 30 min.	1 per 12 month period, or at a major change in health	Over 75 health assessments. Time inclusive of GP and Practice Nurse	A full systems review, must include: <ul style="list-style-type: none"> a Detailed & relevant medical history b Comprehensive medical assessment c List of diagnoses & problems d Summary of outcomes for provision of care The length of the assessment must be reflective of the complexity in health conditions of the patient Regulatory requirements: A 25
703	\$137.90	Standard 30 min to 45 min.			
705	\$190.30	Long than 45 min to 60min.			
707	\$268.80	Prolonged more than 60 min.			

Care Planning GROUP 15, Subgroup 1

Item	Amount Paid	Claiming Period	Benefit Description	Terms and Conditions
				<i>Care planning to be undertaken by the patient's usual medical practitioner; i.e. their usual GP</i>
721	\$144.25	12 months	Preparation of GP Management Plan: Management plan for patients with a chronic or terminal condition.	The GP (who may be assisted by their practice nurse or other) assesses the patient: <ul style="list-style-type: none"> a Agrees management goals and identifies actions to be taken by the patient b Identifies treatment and ongoing services to be provided, c Documents these in the GP Management Plan.
723	\$114.30	12 months	Preparation of a Team Care Arrangement: Management plan for patients with a chronic or terminal condition and complex needs requiring ongoing care from a team including the GP and at least 2 other health or care providers.	Enables referral for 5 rebated allied health services Involves a GP (who may be assisted by their practice nurse or other) collaborating with the participating providers on required treatment/services and documenting this in the patient's TCA.
732	\$72.05	3 months	Review of a GPMP and or TCA. Can be claimed twice in the same day. 1 per review of GPMP and or TCA	Must be performed at least once over the life of the plan.
729	\$70.40	Every 3 months	Contribution to a Multidisciplinary Care Plan and or Review of a MDC prepared by another Provider	To be used for those not on a GPMP or TCA The 729 cannot be charged within 12 months of a GPMP or TCA.

Case Conferencing GROUP 15, Subgroup 2

Item	Amount Paid	Time Required	Number per year	Benefit Description	Terms and Conditions
					<i>Medical conditions must have existed for at least 6 months or be terminal.</i>
735	\$70.65	15 to 20 mins.	No more than 5 per year	Organise a Case Conference	GP to organise and coordinate Case conference process must include: <ul style="list-style-type: none"> a Discussion of patient history b Identify multi-disciplinary care needs c Identify outcomes from care and service by care team d Identify tasks to achieve outcomes and allocate to Care team members e Assessing whether previous outcomes have been achieved.
739	\$120.95	20 to 40 mins.			
743	\$201.65	More than 40 mins.			
747	\$51.90	15 to 20 mins.	No more than 5 per year	Participate in a Case Conference	Medical conditions must have existed for at least 6 months or be terminal. GP to participate.
750	\$89.00	20 to 40 mins.			
758	\$148.20	More than 40 mins.			

Home Medicine Review Medication Management

Item	Amount Paid	Time Required	Number per year	Benefit Description	Terms and Conditions
900	\$154.80	Bill upon completion of a HMR	Once every 12 months	Review of Medications in collaboration with a Pharmacist	Participation by a GP in a Medication review for a Patient living in the community, must include: <i>a</i> Consent from the patient <i>b</i> Assessment of patient's medication management needs. <i>c</i> Referral to Pharmacist including a health summary and review of Patients needs <i>d</i> Discussion of Pharmacist findings and review with pharmacist <i>e</i> Develop written medication plan for Patient and discussion with Patient

PATHWAY

Over 75 Annual Cycle of Care

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