

SYSTEMATIC CARE CLAIMING RULES

For a comprehensive explanation of each MBS Item number please refer to the Medicare Benefits Schedule online at www.health.gov.au/mbsonline

Legend MBS Item Numbers

	No claiming restrictions		
721	GP Management Plan (GPMP)	2517	Diabetes Annual Cycle of Care SIP
723	Team Care Arrangement (TCA)	2546	Asthma Cycle of Care SIP
732	Review of GPMP and/or TCA	2702 / 2710	GP Mental Health Treatment Plan
900	Home Medication Review	2712	Review of GP Mental Health Treatment Plan

Months until next claim for service

*721	24		6			12		
*723		24	6					
**732	6	6	6			3	3	
900					12			
†2517			3			11-13		
††2546	12		3			12		
2702/2710							12	1
§2712							1	3
MBS Item Numbers	*721	*723	**732	900	†2517	††2546	2702/2710	§2712

Additional Claiming Rules

- *721 & 723** Recommended claiming period 24 months, minimum claiming period 12 months
- **732** Recommended claiming period 6 months, minimum claiming period 3 months. Can be claimed twice on the same day if review of both GPMP and TCA are completed, in this case the patient invoice and Medicare claim should be annotated.
- † 2517** Recommended not to be claimed within 3 months of Review Item 732, as services overlap
- ††2546** Recommended not to be claimed within 12 months of claiming Item 721 alone, as services significantly overlap. Can be claimed on the same day if both 721 and 723 are completed, as the patient has multidisciplinary care needs. Recommended not to be claimed within 3 months of Review Item 732, as services overlap.
- §2712** Review recommended 1 month - 6 months after 2702 / 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 and Medicare claim should be annotated. For example; clinically indicated/required, hospital discharge, exceptional circumstances, significant change.

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