

# MBS Items for hepatitis B and hepatitis C care

## Table 1: Medicare initiatives for chronic disease prevention and management

Information detailed in the attached table includes Medicare Chronic Disease Management (CDM) initiatives, MBS item numbers, brief details about application in primary care and frequency of application. Last updated March 2017 (incorporating MBS fees as at September 2014).

Check requirements: [health.gov.au/mbsonline](http://health.gov.au/mbsonline)

### Questions to ask:

1. Are you the patient's regular GP?
2. When was the last time a 721 and/or 723 item was billed for this patient and how many medicare rebates for allied health services have been claimed for this calendar year?

Contact Medicare on 132150 or Health Professional Online Service (HPOS) at [humanservices.gov.au](http://humanservices.gov.au) if unknown.

## Table 2: Examples of nurse-led patient care<sup>1</sup>

Practices participating in the Practice Nurse Incentive Program (PNIP) may use the table as examples of nurse-led or nurse-involved care for people with hepatitis B and/or hepatitis C. The PNIP is used to cover the time of the nurse and apply the nurse billing items, while the general practitioner (GP) can bill consultation/assessment/chronic disease items.

### More information:

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<sup>1</sup> ASHM. Hepatitis C: Your crucial role as a primary health care nurse. ASHM, Sydney, Australia 2015. Available at <http://www.ashm.org.au/products/product/1-330122001>.

**Table 1: Medicare initiatives for chronic disease prevention and management**

CDM INITIATIVE	MBS ITEM	REBATE	TARGET PATIENT GROUP	FREQUENCY	
<b>Health Assessments</b>	701 <i>(duration &lt;30mins)</i>	\$59.35	People aged 75 or over	Annual	
		\$137.90	People aged 45-49 years with a chronic disease risk factor	Once only	
	703 <i>(duration 30-45mins)</i>		Refugee / Humanitarian entrant (see eligibility criteria)	Once only	
		\$190.3	Person with an intellectual disability	Annual	
	705 <i>(duration 45-60mins)</i>		\$268.80	Former serving member of the Australian Defence Force	Once only
	707 >60mins				
		715	\$212.25	Aboriginal and Torres Strait Islander People. Can then be referred for 5 Medicare allied health services per calendar year	9 monthly
	10987	\$24.00	Practice nurse or Aboriginal Health Practitioner services following a 715 Health Assessment	10 per year	
<b>Case Conferences</b>	735, 739, 743, 747, 750, 758	Varied – dependent on time	Case conferences are based on time, 735/739/743 apply when the GP arranges the conference, 747/750/758 apply when the GP participates	5 per year	
<b>Chronic Disease Care Planning</b> <i>(patients with a GPMP + TCA are also eligible for Medicare-rebated allied health services)</i>	721	\$144.25	GP Management Plan (GPMP)	12 months <i>(recommended every 2 years)</i>	
	723	\$114.30	Team Care Arrangement (TCA)		
	732	\$72.05	GPMP or TCA review	3-6 monthly	
	729	\$70.40	GP contribution to another organisation's care plan	See MBS	
	731	\$70.40	GP contribution to an aged care facility's care plan	See MBS	
<b>Mental Health Care Planning</b> <i>(Patients also eligible for Medicare-rebated psychological services)</i>	2700	\$71.70	GP Mental Health Treatment Plan, training not undertaken, at least 20 mins	12 months <i>(if required)</i>	
	2701	\$105.55	GP Mental Health Treatment Plan, training not undertaken, at least 40 mins		
	2715	\$91.05	GP Mental Health Treatment Plan, skills training undertaken, at least 20 mins		
	2717	\$134.10	GP Mental Health Treatment Plan, skills training undertaken, at least 40 mins		
	2712	\$71.70	Review of GP Mental Health Treatment Plan		See MBS
	2713	\$71.70	Mental Health Consultation (at least 20 mins)	N/A	

## Table 2: Examples of nurse-led patient care<sup>2</sup>

Practices participating in the Practice Nurse Incentive Program (PNIP) may use the following as examples of nurse-led or nurse-involved care for people with hepatitis C. For the examples used in the table below, the PNIP is used to cover the time of the nurse, while the GP is billing MBS item 23 Level B.

<b>Nurse identifies need for testing based on risk.</b>	Nurse alerts GP to need for testing, coordinates a review with the GP for a comprehensive assessment. GP orders pathology, nurse arranges sample collection and encourages patient to consider hepatitis A and B vaccination if non-immune and susceptible to infection.
<b>Blood tests reviewed by GP, additional testing needs are identified</b>	Nurse recalls patient for additional pathology testing. Prior to seeing GP, the nurse explains to the patient the need for additional testing and provides education about hepatitis C
<b>Drug and alcohol consultation</b>	GP suggests testing for blood borne viruses for a patient disclosing current or prior injecting drug use. Nurse discusses with the patient the need for testing, impact of a positive diagnosis, available treatments, and supports the patient to access safe injecting equipment if needed.
<b>Consultation with a young person, or person at risk for blood borne viruses</b>	Nurse discusses with the patient the transmission risks for hepatitis C, and other blood borne viruses, incorporating harm minimization strategies.
<b>Chronic disease management consultation for a person with hepatitis C</b>	Nurse supports the patient to explore strategies to achieve chronic disease management and identified patient-centred goals. For example, reducing alcohol and tobacco consumption, or improving nutrition and maintaining a healthy weight.

The examples below illustrate further situations where multiple MBS items can apply.

<b>Follow-up visit after a hepatitis B or C diagnosis</b>	GP provides additional information following diagnosis and a GPMP/TCA is established for a patient. PHCN supports patient to understand issues around their condition and provides further information.  (Billing items 10997 and 721/723/729/731/732 can apply)
<b>General health check-up for someone with hepatitis B or C</b>	GP discuss ongoing monitoring and health checks with patient, requests relevant pathology/radiology. PHCN facilitates collection/completion of tests, reinforces key health and monitoring messages, ensuring patient understands helpful lifestyle and dietary changes.  (Billing items 10997 and 721/723/729/731/732 can apply)
<b>Health Assessment for Aboriginal and Torres Strait Islander people</b>	GP discusses need for testing in this population. PHCN supports lifestyle and dietary factors to support liver health if the patient is determined to have chronic hepatitis B or C.  (Billing items 10987 and 715 can apply)

<sup>2</sup>ASHM. Hepatitis C: Your crucial role as a primary health care nurse. ASHM, Sydney, Australia 2015. Available at <http://www.ashm.org.au/products/product/1-920773-40-1>.



## GP example scenario 1:

**Patient is currently prescribed opioid substitution therapy (OST) and has NEVER had a care plan, or the care plan is >12 months old:**

- a. **If the OST prescriber IS the usual doctor:** Prepare a new plan for hepatitis C management. The plan should also consider the patient's co-morbidities.
- b. **If the OST prescriber is NOT the usual doctor and patient has a regular GP:** Liaise with patient's regular GP to prepare a new plan which will add hepatitis C management and OST prescribing to the plan, and add the OST prescriber as a care provider on the TCA.

## GP example scenario 2:

**Patient is currently prescribed OST AND has an existing care plan, that does not include hepatitis C management:**

- a. **If the OST prescriber IS the usual doctor:** Prepare a new GPMP / TCA for incorporating hepatitis C management as per "exceptional circumstances". The plan should also consider the patient's co-morbidities.

*Definition of "exceptional circumstances": significant change in the patient's clinical condition, or care arrangements, or ability to function. E.g. hospitalisation; development of co-morbidities; death of a carer; onset of depression.*

*Note reason for preparing a new plan under "exceptional circumstances" in patient's file and the Medicare claim must use the words "exceptional circumstances" in the reason for claim.*

- b. **If the OST prescriber is NOT the usual doctor and patient has a regular GP:** Liaise with patient's regular GP to prepare a new plan under "exceptional circumstances", incorporating hepatitis C management and OST within the plan, and add the OST prescriber as a care provider on the TCA.

*Note the reason for preparing a new plan under "exceptional circumstances" in the patient's file and the Medicare claim must use the words "exceptional circumstances" in the reason for claim*

Alternatively, the OST prescriber can liaise with that GP to review the GPMP/TCA under MBS item 732, and then add hepatitis C management and OST within the plan, adding the OST prescriber as a care provider on the TCA.

We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

