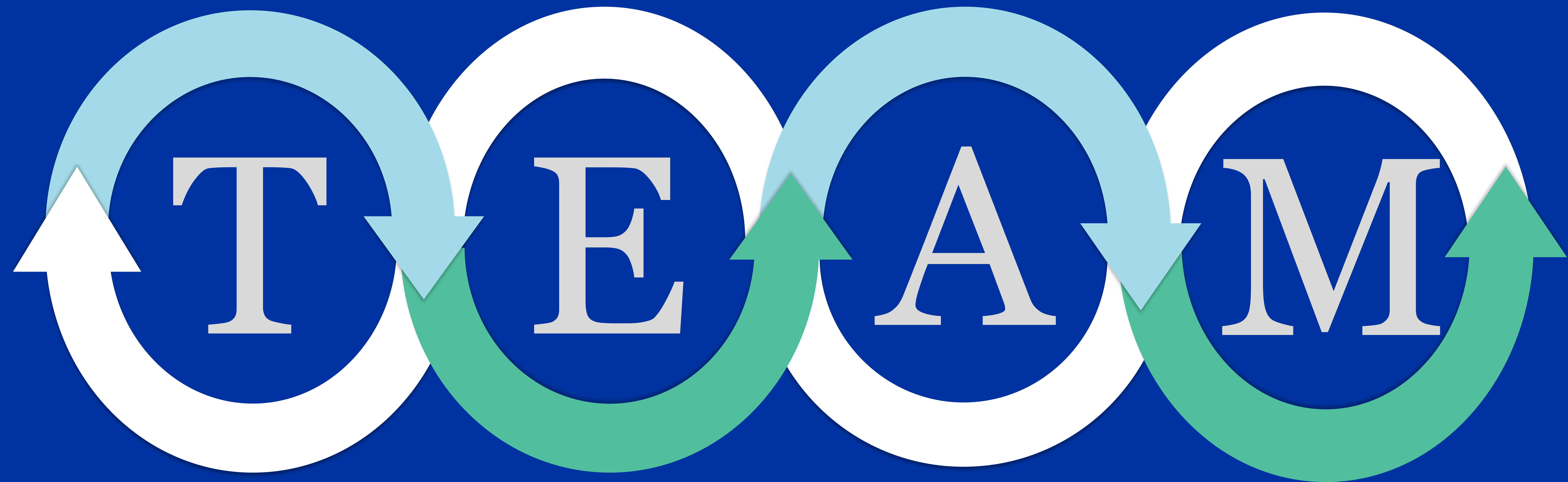
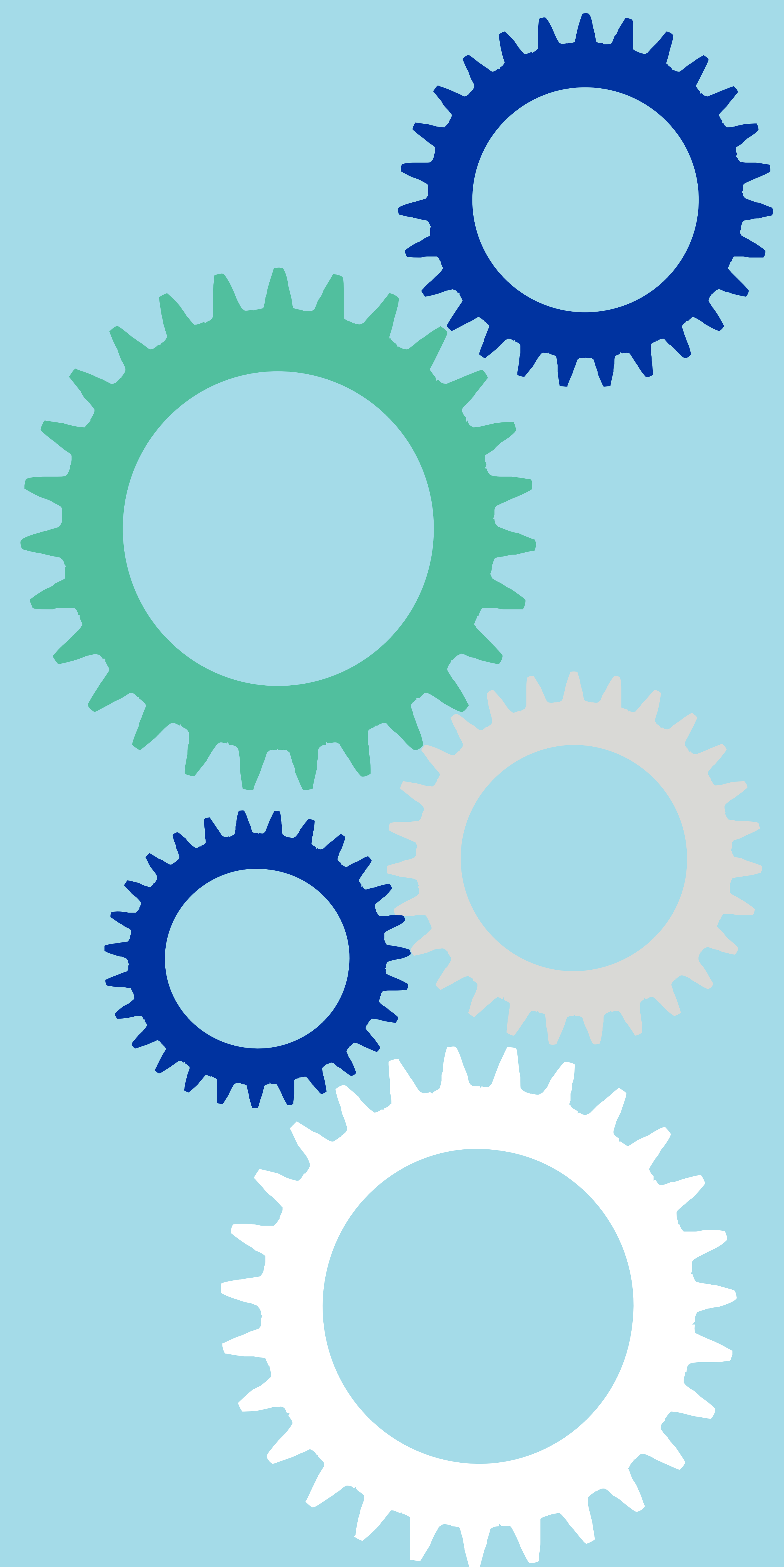
Team Based Care:
together everyone achieves more



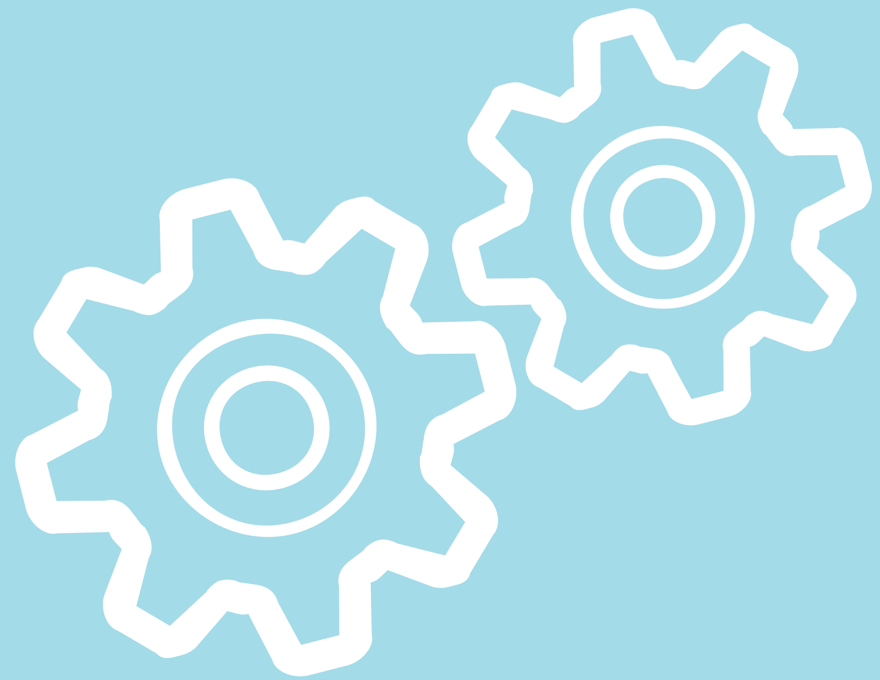
Objectives

Explore referrals, collaboration and billing requirements for:

Chronic Disease Team Care Arrangements
First Nations Allied Health referrals
Diabetes Group services
Nurse & Aboriginal Health Practitioner support and monitoring



Why team based care?



Barriers to team based care

RACGP guide for ensuring good referral outcomes for your patients

Communication in Team Care

SHARED

SITUATION

HISTORY

ASSESSMENT

RISK

EXPECTATION

DOCUMENTATION

Team Care Arrangement – team members

A multidisciplinary team includes:

- the patient's usual medical practitioner
- at least 2 other **collaborating** health or care providers, one of whom may be another medical practitioner.

Each person in the team must be providing a **different** type of ongoing treatment or service. Not all members of the team need to be Medicare eligible health professionals.

[Explanatory Notes AN.0.47 – Chronic Disease Management MBS Items]

Australian Government
Department of Health

Referral Form for Individual Allied Health Services under Medicare for patients with a chronic medical condition and complex care needs

Note: GPs can use this form issued by the Department of Health or one that contains all of the components of this form.

To be completed by referring GP:

Please tick:

- ☐ Patient has GP Management Plan (item 721) AND Team Care Arrangements (item 723) OR
- ☐ GP has contributed to or reviewed a multidisciplinary care plan prepared by the patient's aged care facility (item 731)

Note: GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

GP details

Provider Number ☐☐☐☐☐☐☐☐☐☐

Name

Address Postcode

Patient details

Medicare Number ☐☐☐☐☐☐☐☐☐☐ Patient's ref no. ☐ Patient's DOB.____/____/____

First Name Surname

Address Postcode

Allied Health Provider (AHP) patient referred to: (Please specify name or type of AHP)

Name

Address Postcode

Referral details – Please use a separate copy of the referral form for each type of service

Eligible patients may access Medicare rebates for a maximum of 5 allied health services (total) in a calendar year. Please indicate the number of services required by writing the number in the 'No. of services' column next to the relevant AHP.

No of services	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	AHP Type	Item Number
	Aboriginal Health Worker/Aboriginal and Torres Strait Islander Health Practitioner	10950		Exercise Physiologist	10953		Podiatrist	10962
	Audiologist	10952		Mental Health Worker	10956		Psychologist	10968
	Chiropractor	10964		Occupational Therapist	10958		Speech Pathologist	10970
	Diabetes Educator	10951		Osteopath	10966			
	Dietitian	10954		Physiotherapist	10960			

Referring General Practitioner's signature Date signed

The AHP must provide a written report to the patient's GP after the first and last service, and more often if clinically necessary.

Allied health providers should retain this referral form for record keeping and Department of Human Services (Medicare) audit purposes.

This form may be downloaded from the Department of Health website at www.health.gov.au/mbsprimarycareitems

THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS

Other providers that might be involved in the patient's care:

- Pharmacist
- Pathology or radiology services
- Optometry
- Dentist
- Disability service providers
- Palliative care services
- Home care providers
- Teachers Aide or Education support
- Residential respite care
- Assisted fertility or IVF clinic
- Housing support services
- Drug and Alcohol services
- Phone services (e.g Quitline, Get Healthy)
- Social work or counselling
- Gym, Personal trainer or weight loss clinic
- Meal preparation/delivery services
- Equipment supply and maintenance
- Employment support services
- Transport services
- Community and social groups

https://thephn.com.au/education-resources/quality-care-plans-to-improve-patient-outcomes

Team Care Arrangement - documentation

When **coordinating** the Team Care Arrangement:

- discuss the steps involved in developing the TCAs with your patient
- record whether your patient agrees to proceed
- discuss the multidisciplinary team who'll contribute to the TCAs and provide treatments and services.

When **documenting** the Team Care Arrangement, include:

- treatment and service goals for the patient
- treatment and services that collaborating providers have agreed to give
- actions the patient needs to take
- review dates.

Once you have **completed** the Team Care Arrangement document:

- offer a copy of it to the patient
- give copies of the relevant parts of the document to the collaborating providers
- add a copy of the document to the patient's medical record.

www.servicesaustralia.gov.au/chronic-disease-gp-management-plans-and-team-care-arrangements

Team Care Arrangement - Billing

Consent vs Collaboration

Consent is given by a patient for the Medical Practitioner to coordinate and review a GP Management Plan

Consent is given by a patient for the Medical Practitioner to share relevant information and documents with other members of the care team

Consent is a patient signing the DB4 Assignment of Benefit form for the Medical Practitioner to bulk bill

Collaboration means communicating with the other providers involved in Team Care Arrangements to discuss potential treatments or services they will provide.

Communication must be two-way, preferably oral or, if not practicable, in writing. It should relate to the specific needs and circumstances of the patient.

Communication from the collaborating providers must include advice on treatment and management of the patient.

AskMBS Advisory – General Practice Services 1

AskMBS Advisory – General Practice Services 2

Allied Health services for First Nations people

Indigenous Australians with a current health assessment can be referred for up to 5 allied health follow-up services per calendar year.

Where a First Nations person also has a chronic disease and care plan, these allied health visits are available **in addition** to TCA visits

www.servicesaustralia.gov.au/aboriginal-and-torres-strait-islander-health-assessments-and-follow-up-services

Australian Government
Department of Health

Referral form for follow-up allied health services under Medicare for People of Aboriginal or Torres Strait Islander descent

Note: GPs can use this form issued by the Department of Health or one that contains all of the components of this form.

To be completed by referring GP

Health assessment completed:

701 ☐ 703 ☐ 705 ☐ 707 ☐ 715 ☐

GP details

Provider Number

Name

Address Postcode

Patient details

Medicare Number Patient's ref

First Name Surname

Address Postcode

Allied Health Professional (AHP) patient referred to: (Specify name or type of AHP)

Name

Address Postcode

Referral details – Use a separate copy of the referral form for each type of service

Eligible patients may access Medicare rebates for up to 5 allied health services (in total) in a calendar year. Indicate the number of services required by writing the number in the 'No. of services' column next to the relevant AHP.

No of services	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	AHP Type	Item Number
	Aboriginal Health Worker	81300		Exercise Physiologist	81315		Podiatrist	81340
	Audiologist	81310		Mental Health Worker	81325		Psychologist	81355
	Chiropractor	81345		Occupational Therapist	81330		Speech Pathologist	81360
	Diabetes Educator	81305		Osteopath	81350			
	Dietitian	81320		Physiotherapist	81335			

Referring GP's signature Date signed

The AHP must provide a written report to the patient's GP after the first and last service, and more often if clinically necessary.

Allied health professionals should retain this referral form for record keeping and Department of Human Services (Medicare) audit purposes.

Medicare rebates and Private Health Insurance benefits cannot both be claimed for these services. Patients should be advised that they must choose whether to access one or the other.

This form may be downloaded from the Department of Health website at www.health.gov.au/mbsprimarycareitems.

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS

Diabetes Group services

Patients with type 2 diabetes can also access group services for:

•diabetes education
•exercise physiology
•dietetics

Each calendar year, a referred patient with type 2 diabetes who has a current GP Management Plan can receive a Medicare subsidy for:

- One suitability assessment service
- Eight group sessions.

Medicare Benefits Schedule - Note MN.9.1

Australian Government
Department of Health

Referral form for Group Allied Health Services under Medicare for patients with type 2 diabetes

Note: GPs can use this form issued by the Department of Health or one that contains all of the components of this form.

PART A – To be completed by referring GP (tick relevant boxes):

☐ Patient has type 2 diabetes AND either
☐ GP has prepared a new GP Management Plan (MBS Item 721) OR
☐ GP has reviewed an existing GP Management Plan (MBS Item 732) OR
☐ for a resident of an aged care facility, GP has contributed to or reviewed a care plan prepared by the facility (MBS Item 731) [Note: Generally, residents of an aged care facility rely on the facility for assistance to manage their type 2 diabetes. Therefore, residents may not need to be referred for allied health group services as the self management approach may not be appropriate.]

Note: GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

Please advise patients that Medicare rebates and Private Health Insurance benefits cannot both be claimed for this service

GP details
Provider Number ☐☐☐☐☐☐☐☐
Name
Address Postcode

Patient details
First Name Surname
Address Postcode

Note: Eligible patients may access Medicare rebates for **one** assessment for group services item in a calendar year. Indicate the name of the practitioner (diabetes educator, exercise physiologist or dietitian), or the allied health practice, you wish to refer the patient to for this assessment. The assessment must be done before the patient can access group services.

Allied Health Practitioner (or practice) the patient is referred to for Assessment:
Name of AHP or practice
Address Postcode
Referring GP's signature Date

PART B – To be completed by Allied Health Provider who undertakes Assessment service:
Eligible patients may access Medicare rebates for **up to 8** allied health group services in a calendar year.
Group size must be between 2 and 12 persons.
Indicate the name of the provider/s, and details of the group service program.

Name of provider/s:
Name of program:
No. of sessions in the program:
Venue (if known):
Name of Referring AHP: **Signature and date**

Allied Health Providers must provide, or contribute to, **a written report** to the patient's GP after the Assessment service and at completion of the group services program. AHPs should retain a copy of the referral form for record keeping and Medicare Australia audit purposes. Allied health services funded by other Commonwealth or State/Territory programs are not eligible for Medicare rebates under these items, except where the service is operating under sub-section 19(2) arrangements.

This form may be downloaded from the Department of Health website at www.health.gov.au/mbsprimarycareitems.

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS

Practice Nurse and Aboriginal Health Practitioner support and monitoring

Items 10997 and 10987 may be used to provide:
•Checks on clinical progress and service access;
•monitoring medication compliance;
•Education, monitoring and counselling activities, lifestyle and self management advice;
•Examinations/interventions as indicated by the health check and;
•collection of information to support reviews of Care Plans.

https://thephn.com.au/education-resources/utilising-nurse-visits-under-medicare-to-ease-pressure-on-gp-shortages-and-improve-patient-outcomes

Practice nurse MBS items

You can perform these MBS items on behalf of a supervising medical practitioner. The items are billed using the medical practitioner's provider number.

Item and service	Patient and claiming eligibility
10983 Telehealth patient-end clinical support	This service is available to provide support to a patient having a video conference consultation with a specialist, consultant physician or psychiatrist.
10987 (face-to-face) 93200 (telehealth) 93202 (phone) Health assessment follow up	These follow-up services are available to Aboriginal and Torres Strait Islander People who have received a health assessment. Claim these items up to 10 times per patient per calendar year.
10997 (face-to-face) 93201 (telehealth) 93203 (phone) Chronic disease monitoring and support service	These services are available to patients with a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan. Claim these items up to 5 times per patient per calendar year.
14217 and 14220 Repetitive Transcranial Magnetic Stimulation (rTMS) treatment	You must be trained in the provision of rTMS treatment to perform this service on behalf of the psychiatrist.
16400 Antenatal service	This service can't be claimed together with another antenatal attendance service provided to the same patient on the same day by the same practitioner. No bulk billing incentive applies. Claim this item up to 10 times per patient per pregnancy.

Go to mbsonline.gov.au for more information

Australian Government
Services Australia
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hpe.servicesaustralia.gov.au

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International Council of Nurses

International Nurses Day

12 May 2023

www.servicesaustralia.gov.au/mbs-education-for-health-professionals