



Chronic Disease Management by consultant physician Q & A Medicare Items 132 and 133

This fact sheet must be read in conjunction with the item descriptors and explanatory notes for items 132 and 133 (as set out in the 'Medicare Benefits Schedule' or MBS).

The questions

1. What are the items?
2. Who is eligible for treatment?
3. Who can claim these items?
4. Is a referral necessary?
5. May consultant physicians refer patients to allied health?
6. What information should a referring practitioner provide to a consultant physician?
7. What information should be included in a consultant physician treatment and management plan?
8. What happens to care plans that are already developed?
9. Where can I get more information?

1. What are the items?

Two Medicare items (132 and 133) provide for consultation by a consultant physician (specialist hospital doctors with the exception of those specialising in psychiatry), for the **assessment** and **review** of a patient with at least two diseases (that may or may not include congenital, developmental and behavioural disorders).

Medicare Item	Item explanation
Item 132	Initial assessment: including development of a treatment and management plan where the consultation must be 45 minutes or more.
Item 133	Review of the treatment and management plan: including modification as necessary. This consultation must be of 20 minutes duration or more.

2. Who is eligible for treatment?

Medicare items 132 and 133 are designed for the assessment and management of patients with at least two morbidities—for example, diabetes and related problems such as kidney disease or neuropathies.

3. Who can claim these items?

Consultant physicians (other than specialist psychiatrists) may claim these items. Patients being managed by their general practitioner (GP) with a GP Management Plan (GPMP) or

Team Care Arrangement (TCA) in place, who are also under the care of a consultant physician may also receive these services.

4. Is a referral necessary?

Although a patient requires a referral to see a consultant physician, a new referral is not required for a review of the service under (item 133), provided that the initial consultation (item 132) is claimed within the preceding 12 months.

5. May consultant physicians refer patients to allied health?

A consultant physician may refer a patient to an allied health professional, but the allied health service will not be eligible for a Medicare rebate on the basis of this referral.

To be eligible for Medicare benefits for allied health treatment of chronic disease, a patient must be being managed by a GPMP and/or a TCA) and must be referred by that same GP. This does not prevent the consultant physician from identifying the need for allied health services in the preparation of his or her treatment and management plan, but it does necessitate the GP review the consultant physicians recommendations carefully. In this way, he or she is able to make an allied health referral that meets Medicare requirements.

6. What information should a referring practitioner provide to a consultant physician?

The referring medical practitioner should provide a referral that details the purpose of the proposed visit including:

- ⌘ presenting symptoms and current difficulties
- ⌘ patient's history
- ⌘ relevant pathology results
- ⌘ medications details(including interactions)
- ⌘ relevant care plans
- ⌘ assessments by other health professionals.

7. What information should be included in a consultant physician treatment and management plan?

The consultant physician is expected to provide the referring practitioner with a treatment and management plan that includes:

- ⌘ an opinion on diagnosis and a risk assessment
- ⌘ treatment options and decisions
- ⌘ medication recommendations.

For more detailed information see the explanatory notes for Medicare items [132](#) and [133](#).

8. What happens to care plans that are already developed?

Where a GPMP or TCA is already in place, it is expected that the GP will review the consultant physician's recommendations and choose to incorporate some or all of them.

9. Where can I get more information?

- ⌘ For patients phone Medicare on 132 011
- ⌘ For practitioners phone Medicare on 132 150
- ⌘ [MBS online](#).