



# Correct billing of Medicare Benefits Schedule item 10997

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**Medicare Benefits Schedule (MBS) item 10997 may be claimed by medical practitioners and is intended for patients with chronic or terminal medical conditions who require access to ongoing care, routine treatment, ongoing monitoring and support in between more structured reviews by a General Practitioner or prescribed medical practitioner.**

## When to claim item 10997

Medical practitioners can claim item 10997 when:

- a patient has a Chronic Disease Management (CDM) plan in place, and
- the service is provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner on behalf of and under the supervision of a medical practitioner, and
- the patient is not an admitted patient of a hospital, and
- the service is consistent with the CDM plan.

Item 10997 may be claimed up to a maximum of 5 times per patient per calendar year.



## Examples of eligible services under item 10997

- Checks on clinical progress such as evaluating the efficacy of a prescribed or recommended therapy or patient goal, taking blood pressure, weight, or BMI.
- Monitoring medication compliance including assessing side effects, tolerability, efficacy and referral to the patient's medical practitioner for follow up where required.
- Self-management advice – advising the patient on modifiable lifestyle factors, how best to manage their chronic disease or condition, and providing other necessary support in line with the patient's CDM plan.

Services under item 10997 can provide valuable information which may be used when the medical practitioner reviews a CDM plan, or may facilitate a review.

**Services under item 10997 should not be billed with a CDM plan or review item, or any other consultation item, unless the service provided by a practice nurse or Aboriginal Torres Strait Islander health practitioner is a separate and clinically relevant service that would not be considered a component of the consultation.**



## Reminders

- CDM plans are intended for patients with a chronic or terminal condition, that is, a condition that has been, or is likely to be present, for at least 6 months.
- The CDM plan and review items are for complete services; that is, the schedule fee for these services includes any assistance provided by practice nurses or Aboriginal and Torres Strait Islander health practitioners.
- CDM plans do not expire and can be reviewed when clinically necessary to ensure the goals of the plan are being met.
- CDM plans should not be co-claimed with other attendance items.
- The supervising medical practitioner must be in Australia for item 10997 to be eligible for Medicare benefits.

Go to [www.mbsonline.gov.au](http://www.mbsonline.gov.au) and search [AN.0.47](#) for more information about CDM items.

## Claiming item 10997 at the same time as a CDM plan or review service

You can claim item 10997 where the service provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner is a separate and clinically relevant service that would not be considered a component of developing or reviewing a CDM plan. Item 10997 should not be claimed in relation to the assistance provided to medical practitioners to prepare or review a patient's CDM plan as this would be considered a duplication of services. It is expected that item 10997 would not be routinely claimed at the same time with a CDM plan or review item.



Practice nurse or Aboriginal and Torres Strait Islander health practitioner administering a flu vaccine in line with the patient's CDM plan



Practice nurse or Aboriginal and Torres Strait Islander health practitioner reviewing and/or dressing a diabetic wound in line with the patient's CDM plan



Practice nurse or Aboriginal and Torres Strait Islander health practitioner reviewing patient inhaler technique, spirometry and provides asthma education in line with patient's CDM plan



Practice nurse or Aboriginal and Torres Strait Islander health practitioner assisting in preparing a CDM plan or review of a plan

## Further information

- The Department of Health, Disability and Ageing (department) provides an email advice service for providers seeking advice on interpretation of MBS items and rules, and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should contact AskMBS on [askmbs@health.gov.au](mailto:askmbs@health.gov.au).
- AskMBS also publishes advisories relating to commonly asked questions. These can be found on the department's website at <http://www.health.gov.au> by following the links [Home > Resources > Collections > AskMBS advisories](#)
- While the department provides these services and examples as guidance, it is the practitioner's responsibility to ensure all aspects of the MBS item descriptor are met and to correctly bill the appropriate MBS item.
- Full item descriptor(s) and information on MBS requirements can be found on MBS Online at [www.mbsonline.gov.au](http://www.mbsonline.gov.au)