Australian Government
Department of Health

Care of the elderly 65+ years by geriatrician or consultant physician Q & A

Medicare items 141,143,145 and 147

This fact sheet must be read in conjunction with the item descriptors and explanatory notes for items 141, 143, 145 and 147 (as set out in the 'Medicare Benefits Schedule' or MBS).

The questions

1. What are the items?

These items are for the assessment of older patients and the development of a comprehensive management plan.

Medicare Item	Item explanation
Item 141	**Comprehensive assessment and development of a management plan:** an initial attendance of 60 minutes duration or more that may occur in a consulting room or hospital.
Item 143	**Subsequent attendance:** a subsequent attendance to review/revise the initial management plan as necessary. This consultation must be of 30 minutes duration or more and may occur in a consulting room or hospital.
Item 145	**Initial attendance:** an initial attendance to undertake a comprehensive patient assessment that facilitates the development of a management plan. This consultation must be of 60 minutes duration or more and must occur in a place other than a consulting room or hospital.
Item 147	**Subsequent attendance:** a subsequent attendance to review/revise the initial management plan. This consultation must be of 30 minutes duration or more and may not occur in a consulting room or hospital.

2. Who is eligible for treatment?

Medicare items 141 to 147 are intended for the comprehensive assessment and management of patients 65 years of age or more who suffer from:

- complex and possibly interacting medical, physical and psychological problems
- a significant risk of poor health outcomes.

This includes but is not limited to patients being managed by their general practitioner (GP) with a GP Management Plan (GPMP) or Team Care Arrangement (TCA).

3. Who can provide this treatment?

To be eligible for a Medicare rebate items 141, 143, 145 or 147 must be provided by a consultant physician (specialist hospital doctor) or a specialist in geriatric medicine as approved by the Royal Australasian College of Physicians.

4. Is a referral necessary?

A patient should be referred by a GP. In the event that a specialist of another discipline seeks to refer a patient, then a referral is still required from a GP. In either case it is the specialist's clinical judgement whether a management plan is developed.

- Items 143 and 147 are available for GP initiated review of a management plan (developed under items 141 and 145), where the current plan is not achieving the anticipated outcome/s.

5. May a geriatrician or consultant physician refer patients to allied health?

A geriatrician or 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 a Medicare benefit for allied health services, the patient must be:

- managed by their GP using a GPMP and TCA
- referred to eligible services by their GP

This does not prevent a geriatrician from identifying the need for allied health services, but it does require the GP to review the TCAs so as to incorporate specialist recommendation/s and to make an allied health referral that meets Medicare requirements.

6. What should a referral to a geriatrician or consultant physician include?

A GP referral to a geriatrician or consultant physician should include:

- a patient history
- relevant pathology results
- medications and possible interactions (with a focus on presenting symptoms and current difficulties)
- other health professional documentation such as health assessments and care plans.

7. How does a geriatrician or consultant physician report back to the referring GP?

A written report of the assessment, including the management plan, should be provided by a geriatrician to the referring GP. This should occur within two weeks of the assessment, however a more prompt verbal communication may be appropriate.

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

As a general principle, the creation of multiple care plans is to be avoided. Where a patient is already being managed by a GP with a GPMP or TCA, but is referred to a geriatrician or consultant physician for further assessment, the specialist's management plan should only enhance the patient's existing GPMP or TCA. This does not prevent the GP from reviewing the existing GPMP or TCA so as to incorporate the geriatrician's/consultant physician's management plan.

9. Where can I get more information?

- For patients phone Medicare on 132 011
- For practitioners phone Medicare on 132 150
- MBS online.