

ADHD and CDM(EPC)

Use of CDM Item Numbers in the Management of ADHD

Dr John W Kramer
Mr Scott Pearson
GP10 Cairns

Attention Deficit Hyperactivity Disorder

- DSM-IV Diagnostic Criteria
- Inattention
- Impulsivity
- Hyperactivity (don't forget Inattentive Type)
- 5-10% of all children
- 50% remain affected into adult life

Impulsivity



Inattention



Hyperactivity



Care Plans

- Item 721
- Item 723
- Item 732
- Item 10997

Item 721

- Category 1 - PROFESSIONAL ATTENDANCES
- 721
- Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) for the PREPARATION of a GP MANAGEMENT PLAN (GPMP) for a patient (not being a service associated with a service to which items 735 to 758 apply).
- This CDM service is for a patient who has at least one medical condition that:
 - (a) has been (or is likely to be) present for at least six months; or
 - (b) is terminal.
- A rebate will not be paid within twelve months of a previous claim for item 721, or within three months of a claim for items 729, 731 or 732 (for a review of a GPMP), except where there are exceptional circumstances that require the preparation of a new GPMP.
- Fee: \$133.65 Benefit: 75% = \$100.25 100% = \$133.65 (See para A36 of explanatory notes to this Category)

Item 723

- Category 1 - PROFESSIONAL ATTENDANCES
- 723
- Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) to **COORDINATE** the development of **TEAM CARE ARRANGEMENTS (TCAs)** for a patient (not being a service associated with a service to which items 735 to 758 apply).
- This CDM service is for a patient who:
 - (a) has at least one medical condition that:
 - i. has been (or is likely to be) present for at least six months; or
 - ii. is terminal; and
 - (b) requires ongoing care from at least three collaborating health or care providers, each of whom provides a different kind of treatment or service to the patient, and at least one of whom is a medical practitioner.
- A rebate will not be paid within twelve months of a previous claim for item 723, or within three months of a claim for item 732 (for a review of TCAs), except where there are exceptional circumstances that require the coordination of new TCAs.
-
- **Fee:** \$105.90 **Benefit:** 75% = \$79.45 100% = \$105.90 (See para A36 of explanatory notes to this Category)
- Category 1 - PROFESSIONAL ATTENDANCES

Item 732

- Category 1 - PROFESSIONAL ATTENDANCES
- 732
- Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) to:
 - (a) **REVIEW A GP MANAGEMENT PLAN** to which item 721 applies.
 - Where these services were provided by that medical practitioner (or an associated medical practitioner), and not being a service associated with a service to which items 735-758 apply.
 - This CDM service is for a patient who has at least one medical condition that:
 - i. has been (or is likely to be) present for at least six months; or
 - ii. is terminal.
 - or
 - (b) **COORDINATE A REVIEW OF TEAM CARE ARRANGEMENTS** to which item 723 applies.
 - This CDM service is for a patient who:
 - i. has at least one medical condition that has been (or is likely to be) present for at least six months; or is terminal, and
 - ii. also requires ongoing care from at least three collaborating health or care providers, each of whom provides a different kind of treatment or service to the patient, and at least one of whom is a medical practitioner.
- Each service to which item 732 applies may only be claimed once in a three-month period, except where there are exceptional circumstances that necessitate earlier performance of the service to the patient.
- Fee: \$66.80 Benefit: 75% = \$50.10 100% = \$66.80 (See para [A36](#) of explanatory notes to this Category)

Item 721 GP Management Plan

Patient problems/ needs/relevant conditions	Goals – changes to be achieved	Required treatments and services including patient actions	Arrangements for treatment/services(when, who, contact details).
<p>03/12/2009 - Disorder;learning 23/11/2004 - Disorder;attent deficit(hyper) - Commenced stimulants(Dexamphet amine) in Jan,2005.Changed to Ritalin Oct,2005,then Concerta from May,2007.</p>	<p>Achievement of intellectual, social and spiritual potential. Appropriate integration into high school environment next year. Address difficulties with reading and writing. Maintain stable mood.</p>	<p>Regular medical surveillance. Medications as listed. Liaison with education providers. Allied health assessment and intervention.</p>	<p>TCA Care Plan Dr John Kramer SFX School, Woolgoolga Allied Health Professionals, eg. Speech Pathology, Occupational Therapy Mental Health Plan.</p>

Item 723

- **CHRONIC DISEASE MANAGEMENT**

- **TEAM CARE ARRANGEMENTS**

- **MBS ITEM NO: 723**

- Patient's Name Mast Joshua

D.O.B xx/x/1998

- Contact Details

Medicare No: 2539 xxxxx 2

- Corindi Beach

- (02)-6649 1099

- Patients Usual GP:JWK

Carer (if applicable)

Woolgoolga & Northern Beaches Medical Centre

- 49 Beach Street, Woolgoolga

- Ph: 66 541282

- Does the patient have an existing Care Plan? Yes

- If yes, when was it prepared and what were the outcomes?

- Other notes or comments relevant to the patient's care planning:

- Care plan was prepared 29/3/07. Since then Joshua had an assessment by SPOT (Speech Pathology and Occupational Therapy) screenings at school to assess his learning and development. Some gaps in his development were identified and he had difficulties with several tasks. He was followed up with Speech Pathology to assist with his reading and writing skills and will need ongoing Speech Pathology intervention. He has not had any further Occupational Therapy assessments and would likely benefit from this. Joshua has also had some contact with his school counsellor and has had a Mental Health Care Plan drawn up to address his low mood.

Item 723 Goals

- Achievement of full intellectual and social potential.
- Easy integration into high school environment next year.
- Address difficulties with reading and writing.
- Maintain stable mood.
- Minimise disruption to family unit.

Item 723

Treatments

- Regular medical surveillance by GP to monitor medications and mood.
- Continued liaison with education providers.
- Speech Pathology intervention.
- Occupational Therapy assessment and intervention.
- Sessions with school counsellor.

Item 723-Providers

- Dr John Kramer
- SFX School, Woolgoolga.
- Speech Pathologist - Heather Reid.
- Occupational Therapist - Ann Crane.
- School Counsellor - Sue Dickinson.

Item 10997

- Category 8 - MISCELLANEOUS SERVICES
- 10997
- Service provided to a person with a chronic disease by a practice nurse or registered Aboriginal Health Worker if:
 - (a) the service is provided on behalf of and under the supervision of a medical practitioner; and
 - (b) the person is not an admitted patient of a hospital; and
 - (c) the person has a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan in place; and
 - (d) the service is consistent with the GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan
- to a maximum of 5 services per patient in a calendar year
Fee: \$11.35 Benefit: 100% = \$11.35 (See para [M2.1](#) of explanatory notes to this Category)

Allied Health Referrals

- Occupational Therapy
- Speech Pathology

Case Conferences

- Organise: Items 735, 739 and 743
- Participate: Items 747 and 750

Case Conferences



Team Members

- **Multidisciplinary case conference team members**
- Examples of persons who, for the purposes of care planning and case conferencing may be included in a multidisciplinary care team are allied health professionals such as, but not limited to: Aboriginal health care workers; asthma educators; audiologists; dental therapists; dentists; diabetes educators; dietitians; mental health workers; occupational therapists; optometrists; orthoptists; orthotists or prosthetists; pharmacists; physiotherapists; podiatrists; psychologists; registered nurses; social workers; speech pathologists.
-
- A team may also include home and community service providers, or care organisers, such as: education providers; "meals on wheels" providers; personal care workers (workers who are paid to provide care services); probation officers.
-
- The patient's informal or family carer may be included as a formal member of the team in addition to the minimum of three health or care providers.Â The patient and the informal or family carer do not count towards the minimum of three.

CC Organisation 15-20 mins

- Category 1 - PROFESSIONAL ATTENDANCES
- 735
- Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a case conference team, to **ORGANISE AND COORDINATE A CASE CONFERENCE IN A RESIDENTIAL AGED CARE FACILITY OR A COMMUNITY CASE CONFERENCE OR A DISCHARGE CASE CONFERENCE** (not being a service associated with a service to which items 721 to 732 apply)
- where the conference time is at least 15 minutes and less than 20 minutes
- Fee: \$65.40 Benefit: 75% = \$49.05 100% = \$65.40 (See para A38 of explanatory notes to this Category)

CC Organisation 20-40 mins

- Category 1 - PROFESSIONAL ATTENDANCES
- 739
- Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a case conference team, to **ORGANISE AND COORDINATE A CASE CONFERENCE IN A RESIDENTIAL AGED CARE FACILITY OR A COMMUNITY CASE CONFERENCE OR A DISCHARGE CASE CONFERENCE** (not being a service associated with a service to which items 721 to 732 apply)
- where the conference time is at least 20 minutes and less than 40 minutes
- Fee: \$112.10 Benefit: 75% = \$84.10 100% = \$112.10 (See para A38 of explanatory notes to this Category)

CC Organisation 40 mins +

- Category 1 - PROFESSIONAL ATTENDANCES
- 743
- Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a case conference team, to **ORGANISE AND COORDINATE A CASE CONFERENCE IN A RESIDENTIAL AGED CARE FACILITY OR A COMMUNITY CASE CONFERENCE OR A DISCHARGE CASE CONFERENCE** (not being a service associated with a service to which items 721 to 732 apply)
- where the conference time is at least 40 minutes
- Fee: \$186.85 Benefit: 75% = \$140.15 100% = \$186.85 (See para A38 of explanatory notes to this Category)

CC Participation 15-20 mins

- Category 1 - PROFESSIONAL ATTENDANCES
- 747
- Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a case conference team, to **PARTICIPATE IN A CASE CONFERENCE IN A RESIDENTIAL AGED CARE FACILITY OR A COMMUNITY CASE CONFERENCE OR A DISCHARGE CASE CONFERENCE** (not being a service associated with a service to which items 721 to 732 apply)
- where the conference time is at least 15 minutes and less than 20 minutes
- Fee: \$48.10 Benefit: 75% = \$36.10 100% = \$48.10 (See para A38 of explanatory notes to this Category)

CC Participation 20-40 mins

- Category 1 - PROFESSIONAL ATTENDANCES
- 750
- Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician), as a member of a case conference team, to **PARTICIPATE IN A CASE CONFERENCE IN A RESIDENTIAL AGED CARE FACILITY OR A COMMUNITY CASE CONFERENCE OR A DISCHARGE CASE CONFERENCE** (not being a service associated with a service to which items 721 to 732 apply)
- where the conference time is at least 20 minutes and less than 40 minutes
- Fee: \$82.40 Benefit: 75% = \$61.80 100% = \$82.40 (See para A38 of explanatory notes to this Category)

Mental Health Item Numbers

- Item 2710
- Item 2712
- Item 2713

Who qualifies?

- **What patients are eligible - Mental Disorder**
- These items are for patients with a mental disorder who would benefit from a structured approach to the management of their treatment needs. Mental disorder is a term used to describe a range of clinically diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities (Refer to the World Health Organisation, 1996, Diagnostic and Management Guidelines for Mental Disorders in Primary Care: ICD-10 Chapter V Primary Care Version). Dementia, delirium, tobacco use disorder and mental retardation are not regarded as mental disorders for the purposes of the GP Mental Health Treatment items.



Item 2710

- Category 1 - PROFESSIONAL ATTENDANCES
- 2710
- **PREPARATION** by a medical practitioner who has undertaken mental health skills training (including a general practitioner, but not including a specialist or consultant physician) of a **GP MENTAL HEALTH TREATMENT PLAN** for a patient (not being a service associated with a service to which items 2713 or 734 to 779 apply).
- A rebate will not be paid within twelve months of a previous claim for the same item or item 2702 or within three months following a claim for item 2712, except where there has been a significant change in the patient's clinical condition or care circumstances that requires the preparation of a new GP Mental Health Treatment Plan.
- Fee: \$160.45 Benefit: 75% = \$120.35 100% = \$160.45 (See para [A46](#) of explanatory notes to this Category)

Item 2712

- **REVIEWING A GP MENTAL HEALTH TREATMENT PLAN - (Item 2712)**
- The review item is a key component for assessing and managing the patient's progress once a GP Mental Health Treatment Plan has been prepared, along with ongoing management through the GP Mental Health Treatment Consultation item and/or standard consultation items. A patient's GP Mental Health Treatment Plan should be reviewed at least once.
-
- A rebate can be claimed once the GP who prepared the patient's GP Mental Health Treatment Plan (or another GP in the same practice or in another practice where the patient has changed practices) has undertaken a systematic review of the patient's progress against the GP Mental Health Treatment Plan by completing the activities that must be included in a review and meeting the relevant requirements listed under 'Additional Claiming Information'. The review item can also be used where a psychiatrist has prepared a referred assessment and management plan (item 291), as if that patient had a GP Mental Health Treatment Plan. The review service must include a personal attendance by the GP with the patient.
-
- The review must include:
 - Â recording the patient's agreement for this service;
 - Â a review of the patient's progress against the goals outlined in the GP Mental Health Treatment Plan;
 - Â modification of the documented GP Mental Health Treatment Plan if required;
 - Â checking, reinforcing and expanding education;
 - Â a plan for crisis intervention and/or for relapse prevention, if appropriate and if not previously provided; and
 - Â re-administration of the outcome measurement tool used in the assessment stage, except where considered clinically inappropriate.
-
- Note: This review is a formal review point only and it is expected that in most cases there will be other consultations between the patient and the GP as part of ongoing management.
-
- The recommended frequency for the review service, allowing for variation in patients' needs, is:
 - Â an initial review, which should occur between four weeks to six months after the completion of a GP Mental Health Treatment Plan; and
 - Â if required, a further review can occur three months after the first review.
- In general, most patients should not require more than two reviews in a 12 month period, with ongoing management through the GP Mental Health Treatment Consultation and standard consultation items, as required.
-
- A rebate will not be paid within three months of a previous claim for the same item or within four weeks following a claim for a GP Mental Health Treatment Plan item other than in exceptional circumstances.

Item 2713

- **GP MENTAL HEALTH TREATMENT CONSULTATION - (Item 2713)**
- The GP Mental Health Treatment Consultation item is for an extended consultation with a patient where the primary treating problem is related to a mental disorder, including for a patient being managed under a GP Mental Health Treatment Plan.Â This item may be used for ongoing management of a patient with a mental disorder.Â This item should not be used for the development of a GP Mental Health Treatment Plan.
-
- A GP Mental Health Treatment Consultation must include:
 - Â taking relevant history and identifying the patient's presenting problem(s) (if not previously documented);
 - Â providing treatment, advice and/or referral for other services or treatment; and
 - Â documenting the outcomes of the consultation in the patient's medical records and other relevant mental health plan (where applicable).
-
- A patient may be referred from a GP Mental Health Treatment Consultation for other treatment and services as per normal GP referral arrangements. Â This does not include referral for Medicare rebateable services by focussed psychological strategy services, clinical psychology or other allied mental health services, unless the patient is being managed by the GP under a GP Mental Health Treatment Plan or under a referred psychiatrist assessment and management plan (item 291).
-
- Consultations associated with this item must be at least 20 minutes duration.
-

Home Medication Reviews

- AKA Domiciliary Medication Management Reviews: Item 900
- When to do it?
- More than one regular medication
- Significant Comorbidities
- Parental Concerns re stimulants
- Unstable social situations

Item 900

- 900
- Participation by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) in a **Domiciliary Medication Management Review (DMMR)** for patients living in the community setting, where the medical practitioner:
 - - assesses a patient's medication management needs, and following that assessment, refers the patient to a community pharmacy for a DMMR, and provides relevant clinical information required for the review, with the patient's consent; and
 - - discusses with the reviewing pharmacist the results of that review including suggested medication management strategies; and
 - - develops a written medication management plan following discussion with the patient.
- Benefits under this item are payable not more than once in each 12 month period, except where there has been a significant change in the patient's condition or medication regimen requiring a new DMMR.
- Fee: \$143.40 Benefit: 100% = \$143.40 (See para [A42](#) of explanatory notes to this Category) <[Previous - Item 880](#) [Next - Item 903](#)>

Example 1: Joshua B

- ADHD
- CDM and MH Item Numbers 2005-2010
- Items 721 /723 twice
- Items 725 /727 /732 11 times
- Item 10997 twice
- Items 742 /744 5 times
- Items 2710 /2712 /2713 9 times

Example 2- Zac S

- ADHD/Depression/?ASD
- CDM and MH Item Numbers 2008-2010
- Item 721/723 once
- Items 725/727 twice
- Items 2710/2712/2713 15 times
- No Case Conferences or 10997's

Example 3- Jacob W

- Asperger's/ADHD
- CDM and MH Item Numbers 2006-2010
- Items 721/723 twice
- Items 725/727/732 six times
- Item 10997 nil
- Item 744(CC) three times
- Items 2710/2712/2713 ten times

Example 4: Eliza P

- Prematurity/PTSD/ADHD/Social Problems
- CDM and MH Item Numbers 2004-2010
- Items 721/723 twice
- Items 725/727/732 7 times
- Item 10997 once
- Items 744/765(CC) twice
- Items 2710/2712/2713 7 times

