**DIABETES CYCLE OF CARE MODEL**

**Items to bill**
- 721 – GMP $144.25
- 723 – TCA $114.30
- +/-10991 Additional Bulk Bill Fee $9.50

10997 – Nurse monitoring - $12.00
(Timeframe to be determined at initial consultation can be billed up to 5 times per year)
+/- 10991 Additional Bulk Bill Fee $9.50

732 – GPMP Review - $772.05
- 732 – TCA Review - $72.05
- 10997 – Nurse monitoring - $12.00
- +/-10991 Additional Bulk Bill Fee $9.50
(cannot be claimed within 3 months of GPMP)

**Initial Consultation**
- Investigations
- Full patient History
- Physical Assessment
- Immunisations
- Determine patient driven goals
- Schedule follow up nurse consultation

**Nurse Consultation**
- Education and monitoring provided by nurses
- Assess and monitor Diabetes control
- Review medications
- Schedule follow-up GPMP and TCA review (minimum 3 months from GPMP billing, suggested 3-6 monthly).

**GPMP and TCA Review**
- Review patient driven goals
- Review SNAP, BP, BMI, Self-Monitoring results
- Review feet
- Physical Assessment
- Investigations
- Schedule follow-up GPMP and TCA review (minimum 3 months from previous GPMP review as required)
- Additional Nurse consult 10997 available if required

**GPMP and TCA Review (if necessary)**
- Review patient driven goals
- Review SNAP, BP, BMI, Self-Monitoring results
- Review feet
- Physical Assessment
- Investigations
- Schedule follow-up appointment

**Diabetes Cycle of Care Visit**
- Update problem priorities
- Review patient driven goals
- Lifestyle Modification Plans
- Self-monitoring
- Treatments
- MHP review
- Investigations

**Notes**
-Whilst every reasonable effort has been made to ensure that the information given in this resource is accurate, we will not accept liability for any injury, loss or damage arising directly or indirectly from any use of or reliance on this information.
Diabetes Cycle of Care Checklist

Patient Name:                                    Date of Birth:

GPs must provide the minimum requirements of care over a period of 11 months and up to 13 months. Additional levels of care are needed for insulin-dependent patients and those with abnormal review findings, complications and/or co-morbidities. The minimum requirements are generally based on the Diabetes Management in General Practice guidelines produced by the RACGP and Diabetes Australia.

Date patient last billed for Diabetes Cycle of Care:

<table>
<thead>
<tr>
<th>Initial Visit Details</th>
<th>Date: ........../........../.........</th>
<th>Tick when completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigations- Baseline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• HbA1c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• eGFR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Lipids</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Full patient History                       |                                     |                     |
| • Risk factors of CVD                      |                                     |                     |
| • Blood Pressure                           |                                     |                     |
| • Mental Health Assessment                 |                                     |                     |
| • Sleep disorders                          |                                     |                     |
| • Lifestyle factors                        |                                     |                     |

| Immunisations                              |                                     |                     |
| • Pneumonvac                                |                                     |                     |
|   o Non- ATSI: >65 years revaccinate after 10 years |                     |                     |
|   o ATSI: <50 years revaccinate after 10 years  |                                     |                     |
|   >50 years revaccinate after 5 years        |                                     |                     |
| • Fluvax – yearly                           |                                     |                     |

| Physical Assessment                        |                                     |                     |
| • BMI (Weight and Height)                  |                                     |                     |
| • Waist                                    |                                     |                     |
| • Blood Pressure                           |                                     |                     |
| • Cardiovascular Risk                      |                                     |                     |
| • Eyes                                     |                                     |                     |
| • Feet                                     |                                     |                     |
| • Peripheral nerves                        |                                     |                     |
| • Urinalysis (albumin, ketones, nitrites/ leukocytes) |                     |                     |

Set Review Date and Claiming Details

<table>
<thead>
<tr>
<th>Review Date:</th>
<th>Seen by:</th>
<th>GPMP &amp; Team Care Arrangements Claimed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Item- 721</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Item -723</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Urinalysis Claimed:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Item 73805</td>
</tr>
</tbody>
</table>
## GPMP and TCA Review Visit Details

**Date:** ........../........../........  
**Tick when completed**

### Physical Assessment:
- BMI (Weight and Height)
- Waist
- Blood Pressure
- Feet (if concerns or high risk Peripheral Vascular Disease)
- Set patient driven goals

### Investigations Review:
- HbA1c (If individual requires- not to be done more frequently than 3 monthly).
- Assess for inter-current illnesses (e.g. UTI)
- Review goals

### Set Review Date and Claiming Details

**Review Date:**  
**Seen by:**

- **GPMP and TCA Review Claimed:**
  - Item 732 -GPMP review
  - Item 732- TCA review

## DCOC Visit Details

**Date:** ........../........../........  
**Tick when completed**

### Update problem priorities

### Lifestyle Modification Plans (physical activity, diet, alcohol, smoking)

### Self-monitoring

### Treatments

### Mental Health Plan Review

### Investigations Review:
- Vascular
- Renal
- Eye- optometrist every two years (baseline measure in first year of diagnosis)
- Peripheral nerve
- Podiatric
- HbA1c, eGFR, Lipids

### Set Review Date and Claiming Details

**Review Date:**  
**Seen by:**

- **DCOC claimed:**
  - In practice:
    - Level B item 2517
    - Level C item 2521
    - Level D item 2525
  - Home visits:
    - Level B item 2518
    - Level C item 2522
    - Level D item 2526

- **Home Medications Review claimed:**
  - 900- Home Medications Review