

# 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)



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)



2517- Level B Diabetes Cycle of Care  
+/-10991 Additional Bulk Bill Fee \$917-  
Level B Diabetes Cycle of Care  
+/- 900 Medication Review if indicated

## 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

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:

Initial Visit Details	Date: ...../...../.....	Tick when completed
Investigations- Baseline <ul style="list-style-type: none"> <li>• HbA1c</li> <li>• eGFR</li> <li>• Lipids</li> </ul>		
Full patient History <ul style="list-style-type: none"> <li>• Risk factors of CVD</li> <li>• Blood Pressure</li> <li>• Mental Health Assessment</li> <li>• Sleep disorders</li> <li>• Lifestyle factors</li> </ul>		
Immunisations <ul style="list-style-type: none"> <li>• Pneumonvac               <ul style="list-style-type: none"> <li>○ Non- ATSI : &gt;65 years revaccinate after 10 years</li> <li>○ ATSI: &lt;50 years revaccinate after 10 years &gt;50 years revaccinate after 5 years</li> </ul> </li> <li>• Fluvax – yearly</li> </ul>		
Physical Assessment <ul style="list-style-type: none"> <li>• BMI (Weight and Height)</li> <li>• Waist</li> <li>• Blood Pressure</li> <li>• Cardiovascular Risk</li> <li>• Eyes</li> <li>• Feet</li> <li>• Peripheral nerves</li> <li>• Urinalysis (albumin, ketones, nitrites/ leukocytes)</li> </ul>		
Set Review Date and Claiming Details		
Review Date:	Seen by:	<b>GPMP &amp; Team Care Arrangements Claimed:</b> Item- 721 Item -723 <b>Urinalysis Claimed:</b> Item 73805

GPMP and TCA Review Visit Details	Date: ...../...../.....	Tick when completed
Physical Assessment: <ul style="list-style-type: none"> <li>BMI (Weight and Height)</li> <li>Waist</li> <li>Blood Pressure</li> <li>Feet (if concerns or high risk Peripheral Vascular Disease)</li> <li>Set patient driven goals</li> </ul>		
Investigations Review: <ul style="list-style-type: none"> <li>HbA1c (If individual requires- not to be done more frequently than 3 monthly).</li> <li>Assess for inter-current illnesses (e.g. UTI)</li> <li>Review goals</li> </ul>		
Set Review Date and Claiming Details		
Review Date:	Seen by:	<b>GPMP and TCA Review Claimed:</b> 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: <ul style="list-style-type: none"> <li>Vascular</li> <li>Renal</li> <li>Eye- optometrist every two years (baseline measure in first year of diagnosis)</li> <li>Peripheral nerve</li> <li>Podiatric</li> <li>HbA1c, eGFR, Lipids</li> </ul>		
Set Review Date and Claiming Details		
Review Date:	Seen by:	<b>DCOC claimed:</b>
		<u>In practice:</u> <u>Home visits:</u> Level B item 2517      Level B item 2518 Level C item 2521      Level C item 2522 Level D item 2525      Level D item 2526
		<b>Home Medications Review claimed:</b> 900- Home Medications Review