

Aboriginal and Torres Strait Islander health care MBS billing pathways

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| Step 1 | <p style="text-align: center;">Does your patient identify as an Aboriginal and/or Torres Strait Islander? Ask all new patients and patients with no recorded ethnicity.</p> <p>OPTION 1. <input type="checkbox"/> No</p> <p>OPTION 2. <input type="checkbox"/> YES, Aboriginal > Record Ethnicity, follow step 2</p> <p><input type="checkbox"/> YES, Torres Strait Islander > Record Ethnicity, follow step 2</p> <p><input type="checkbox"/> YES, Aboriginal and Torres Strait Islander > Record Ethnicity, follow step 2</p> |
| Step 2 | <p style="text-align: center;">Confirm eligibility for Closing the Gap (CTG) PBS prescription</p> <ul style="list-style-type: none"> • Concession Card holder's receiver PBS medication at no cost • No Concession Card, PBS prescriptions at reduced fee of \$6.60 <p>*Eligible if a patient would experience setbacks in the prevention or ongoing management of a chronic condition if the person did not take the prescribed medicine; and are unlikely to adhere to their medicine's regimen without assistance through the program.</p> |
| Step 3 | <p style="text-align: center;">Offer patient a 715 Aboriginal and Torres Strait Islander Health Assessment</p> <p>715 Health Assessment available at no fee for patient, 1 per calendar year, minimum 9-12 mths between billings.</p> <p>*Fee: \$220.85 Benefit: 100% = \$220.85</p> |
| Step 4 | <p style="text-align: center;">Practice Nurse or Aboriginal Health Worker follow up service</p> <p>Practice Nurse service 10987 Benefit: 85% \$24.95 x 10 per calendar year</p> <p>* Following a Health assessment 715 or GPMP or TCA</p> |
| Step 5 | <p style="text-align: center;">Care Plans</p> <p>Potential billings following a 715-health assessment</p> <p>GPMP 721 Fee: \$150.10</p> <p>TCA 723 Fee: \$118.95</p> <p>Review of a GPMP or TCA 732 Fee: \$74.95</p> <p>731 Contribute to a review of a multidisciplinary care plan for a patient in a RACF Fee: \$73.25</p> <p>729 Contribution by a general practitioner to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider Fee: \$73.25</p> <p>* To access PIP IHI Payments for CDM: TIER 1 (Target level of care \$100 per calendar year): 1. Prepare a GPMP or TCA, undertake at least one review of the GPMP or TCA. 2. Undertake two reviews of a TCA or a GPMP. 3. Contribute on two occasions to 731. TIER 2 (Majority of care \$150 per calendar year): 1. Provide a minimum of 5 MBS services per year.</p> |

