

Steps to MBS claiming pathways for Aboriginal and Torres Strait Islander Patients

STEP 1: Ask the question

Are you of Aboriginal or Torres Strait Islander Origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

For clients of both Aboriginal and Torres Strait Islander origin, both 'yes' boxes should be marked

STEP 2: Do an Aboriginal and Torres Strait Islander Health Assessment 715

- Child Health Check (0–14)
- Adult Health Check (15–54)
- Older person Health Check (55+)

1 per calendar year
(minimum of 9 months)

STEP 3: If patient is eligible, annotate PBS prescriptions with CTG

Does the patient have a chronic disease or chronic disease risk factor?

Concession card patients will receive their PBS medicines free of charge

Non-concession card patients pay a small amount per prescription for all PBS medicines

NO CHRONIC DISEASE IDENTIFIED IN HEALTH ASSESSMENT:

Patient is any age
(and needs follow-up care)

Don't forget step 3 - annotate the script

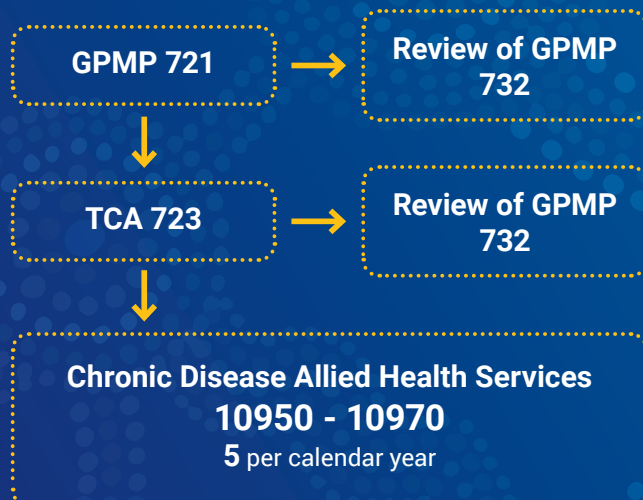
Follow-up
Allied Health Services
81300 - 81360
5 per calendar year

Service provided by a
practice nurse or registered
Aboriginal health worker
10987
10 per calendar year

CHRONIC DISEASE IDENTIFIED IN HEALTH ASSESSMENT:

Patient is 0–14: May prepare GPMP and TCA, however patient cannot participate in PIP IHI

Patient is 15 or over:



Don't Forget 729

Contribution by a medical practitioner to a multidisciplinary care plan prepared by another provider

To access PIP IHI Payments for CDM:

Tier 1: Target level of care

- Prepare a GPMP or TCA and undertake at least 1 review of the GPMP or TCA
- Undertake 2 reviews of an existing GPMP or TCA
- Contribute on 2 occasions to a 731 (multidisciplinary care plan for person in aged care)

Tier 2: Majority of care

- Provide a minimum of 5 eligible MBS services

This includes, but is not limited to, the majority of GP attendance items and Chronic Disease Management items