

The Aboriginal Health items in the Medicare Benefits Schedule (MBS) provide a structured framework for GPs to undertake early intervention, assessment and management of Aboriginal people.

| Item | Service | Amount Paid | Brief Guide | Claiming Period |
|------|---|-------------|--|---|
| 701 | Brief Health Assessment (See Note A25 for more information) | \$59.35 | A brief health assessment is used to undertake simple health assessments. The health assessment should take no more than 30 minutes to complete. | A Health Assessment for an Aboriginal and Torres Strait Islander: Less than 15 years (See Note A33) 15 to 54 years (See Note A34) 55 years and over (See Note A35) |
| 703 | Standard Health Assessment (See Note A25 for more information) | \$137.90 | A standard health assessment is used for straightforward assessments where the patient does not present with complex health issues but may require more attention that can be provided in a brief assessment. The assessment last more than 30 minutes, but takes less than 45 minutes. | |
| 705 | Long Health Assessment (See Note A25 for more information) | \$190.30 | A long health assessment is used for an extensive assessment, where the patient has a range of health issues that require more in-depth consideration, and longer-term strategies for managing the patient's health may be necessary. The assessment lasts at least 45 minutes but less than 60 minutes. | |
| 707 | Prolonged Health Assessment (See Note A25 for more information) | \$268.80 | A prolonged health assessment is used for a complex assessment of a patient with significant, long-term health needs that need to be managed through a comprehensive preventative health care plan. The assessment takes 60 minutes or more to complete. | |
| 715 | Aboriginal / Torres Strait Islander Health Assessment (See Note A25 for more information) | \$212.25 | Attendance by a medical practitioner (including a general practitioner, but not including a specialist or consultant physician) at consulting rooms or in another place other than a hospital or Residential Aged Care Facility. | |

Items current as at April 2016

Aboriginal and Torres Strait Islander Health Checks (MBS Item 715)

These health checks are Medicare services for Aboriginal and Torres Strait Islander Australians. The aim of the health checks is to help ensure that Aboriginal and Torres Strait Islander people receive primary health care matched to their needs, by encouraging early detection, diagnosis and intervention for common and treatable conditions that cause considerable morbidity and early mortality. The Aboriginal and Torres Strait Islander Medicare health checks provide a clinical framework to assess a person's physical, psychological and social function and identify treatment or services he or she may require.

The Aboriginal and Torres Strait Islander Medicare Health Checks covers the full age spectrum with the same Medicare item number 715.

| Age Bracket | Name of Health Check | Item Number | Frequency | Assistance |
|----------------|---|-------------|---|---|
| All ages | Aboriginal and Torres Strait Islander Health Assessment Child Health Check | 715 | Annual (not more than once during a 9 month period) | An aboriginal health worker or practice nurse can assist the medical practitioner with information collection and with providing patient's information about recommended interventions. |
| 15 to 54 years | Type 2 Diabetes Risk Assessment tool | AUSDRISK | As required | May be referred to a subsidised lifestyle modification program. |

STEPS TO MBS CLAIMING PATHWAYS

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' circles should be marked.

Step 2

Do an Aboriginal and Torres Strait Islander Health Assessment (715)

Child Health Check (0 to 14)

Adult Health Check (15 to 54)

Older Person Health Check (55+)

Fee: \$212.25
Benefit: 100% = \$212.25
Frequency: 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*?

and

Would the patient experience *setbacks* in the prevention / ongoing management of chronic disease *without medication* and be *unlikely to adhere* to their medication regime *without financial assistance*?

Concession card patients will receive their PBS medicines free of charge.

Non-concession card patients pay \$5.80 per prescription for all PBS medicines.

NO CHRONIC DISEASE IDENTIFIED

in Health Assessment

Patient is any age (and needs follow up care)

Follow-up Allied Health Services (Aboriginal and Torres Strait Islander specific)

81300 - 81360

Fee: \$62.25
Benefit: 85% = \$52.95
Frequency: 5 per calendar year (claimed by Allied Health Provider)

Service provided by a Practice Nurse or registered Aboriginal Health Worker

10987

Fee: \$24.00
Benefit: 100% = \$24.00
Frequency: 10 per calendar year

Don't forget Step 3 - annotate the PBS Prescriptions with CTG

CHRONIC DISEASE IDENTIFIED

in Health Assessment

Patient is 0 to 14: May prepare GPMP and TCA, however patient cannot participate in IHI PIP. (Don't forget Step 3 - annotate the PBS Prescriptions)

You may wish to establish a procedure to notify staff when a patient participating in the PBS co-payment measure turns 15 and may be eligible to participate in the PIP.

Patient is 15+: Are they a regular patient of your practice?

DON'T FORGET

729

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

Fee: \$70.40
Benefit: 100% = \$70.40

GPMP 721

Fee: \$144.25
Benefit: 75% = \$108.20 100% = \$144.25

Review of GPMP 732

Fee: \$72.05
Benefit: 75% = \$54.05 100% = \$72.05

TCA 723

Fee: \$114.30
Benefit: 75% = \$85.75 100% = \$114.30

Review of TCA 732

Fee: \$72.05
Benefit: 75% = \$54.05 100% = \$72.05

Chronic Disease Allied Health Services (non Aboriginal and Torres Strait Islander specific)

10950 - 10970

Fee: \$62.25
Benefit: 85% = \$52.95
Frequency: 5 per calendar year (claimed by Allied Health Provider)

To access Indigenous Health Incentive Practice Incentives Program (IHI PIP) payments for Chronic Disease Management:

Tier 1

- Target level of care: **\$100 per calendar year**
- Prepare a GPMP or TCA, undertake at least one review of the GPMP or TCA
 - Undertake two reviews of a TCA or a GPMP
 - Contribute on two occasions to a 731 (multidisciplinary care plan for a person in aged care)

Tier 2

- Majority of care: **\$150 per calendar year**
- Providing the majority of eligible MBS services, with a minimum of 5
 - Include but are not limited to attendances by GPs (1-51, 193, 195, 197, 199, 601-603, 2501-2559, 5000-5067) and CDM items.