

MBS claiming pathways for Aboriginal and Torres Strait Islander people

Aboriginal
health
resources

STEP 1: Ask the question

Ask all clients: "Are you Aboriginal and/or Torres Strait Islander?"

Both boxes should be marked 'yes' for clients who identify as both Aboriginal and Torres Strait Islander.

STEP 2: Register client for Closing the Gap (CTG) PBS co-payment program via HPOS

CTG scripts no longer follow an annotation system.

Clients **with a concession card** will receive their PBS medicines free of charge.

Clients **without a concession card** will pay the concession rate for their PBS medicines.

YES

Clinicians can conduct and claim the following for clients with an identified chronic condition:

Preparation of a GP Management Plan (GPMP)

MBS item 721

Coordination of Team Care Arrangements (TCAs)

MBS item 723

Review of a GP Management Plan or coordination of a review of Team Care Arrangements

MBS item 732

Chronic disease allied health services

MBS items 10950 – 10970

🕒 *Five per calendar year*

Clients aged 15 and older can also participate in the Practice Incentives Program – Indigenous Health Incentive (PIP IHI).

To access PIP IHI payments for chronic disease management, clinicians must first determine if the client is suited to Tier 1 (target level of care) or Tier 2 (majority of care).

Tier 1: Target level of care

MBS item 731

If there is no existing GPMP or TCA, prepare one and undertake at least one review.

If there is an existing GPMP or TCA, undertake at least two reviews.

Contribute on two occasions to a multidisciplinary care plan for person in aged care.

Tier 2: Majority of care

Provide a minimum of five eligible MBS services including, but not limited to, the majority of GP attendance and chronic disease management items.

NO

Chronic condition identified in health assessment?

STEP 3: Do an Aboriginal and Torres Strait Islander Health Assessment 715

Available to all Aboriginal and Torres Strait Islander people and should be conducted based on the client's age.

Clients are eligible for **one health assessment per calendar year**, with a minimum of nine months between each assessment.

Clients of any age who require follow-up care are eligible for the following MBS items:

Follow-up allied health services

MBS items 81300 – 81360

🕒 *Five per calendar year*

Service provided by a practice nurse or registered Aboriginal health practitioner

MBS items 10987

🕒 *10 per calendar year*