



## MBS Item 715

# Follow-up Services to an Aboriginal or Torres Strait Islander Health Assessment

When an Aboriginal and/or Torres Strait Islander client has a Medicare supported health assessment (Item number 715), a series of other collaborating health workforce teams, including Aboriginal and Torres Strait Islander health practitioners, Aboriginal health workers, practice nurses, and allied health workers are able to claim additional Medicare Benefits Schedule (MBS) items for services provided during the course of a client's treatment, as referred and requested by the general practitioner (GP).

| When additional health needs are identified during a health assessment  | Item number    | Fee <sup>1</sup> |
|---|----------------|------------------|
| <b>An Aboriginal health practitioner or a practice nurse can provide up to 10 follow-up services in a calendar year:</b> <ul style="list-style-type: none"><li>As is consistent with the needs identified through the health assessment; and</li><li>Where the service is provided on behalf of and under the supervision of the GP.</li></ul>  | 10987          | \$24.00          |
| <b>An Aboriginal health practitioner or health worker (as an allied health worker) can provide up to five follow-up services in a calendar year:</b> <ul style="list-style-type: none"><li>As referred by the general practitioner as part of the health assessment;</li><li>Where the follow-up consultation is at least 20 minutes in duration;</li><li>Where a report on the follow-up consultation is provided to the referring GP;</li><li>Including any services to which items 81300 to 81360 inclusive apply.</li></ul> | 81300          | \$62.25          |
| <b>An allied health worker can provide up to five follow-up services in a calendar year:</b> <ul style="list-style-type: none"><li>As referred by the GP as part of the health assessment;</li><li>Where the follow-up consultation is at least 20 minutes in duration;</li><li>Where a report on the follow-up consultation is provided to the referring GP;</li><li>Including any services to which items 81300 to 81360 (inclusive) may apply.</li></ul>   | 81305 to 81360 | \$62.25          |

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.

Practice Assist is an initiative of



WA Primary Health Alliance is supported by funding from the Australian Government under the PHN Program.

Rural Health West is funded by the Australian Government and the WA Country Health Service.

| When additional health needs are identified during a health assessment   | Fee             |
|--|-----------------|
| <p><b>Practice Incentive Program (PIP) Indigenous Health Incentive (IHI)</b><br/>           The PIP IHI Patient Registration Payment is paid per Aboriginal or Torres Strait Islander patient registered, per year only when eligible patients have consented to participate and:</p> <ul style="list-style-type: none"> <li>• Are over 15 years of age;</li> <li>• Have had or have been offered a health assessment; and</li> <li>• Are registered with the practice for the management of a chronic disease</li> </ul>  | <b>\$250.00</b> |
| <p><b>Closing the Gap (CTG) annotation of prescriptions</b></p> <ul style="list-style-type: none"> <li>• Prescriptions marked 'CTG' allow non-concession card holders to be charged the concessional rate for PBS items. Concession card holders presenting a CTG prescription do not pay a patient co-payment for PBS items on that prescription</li> <li>• CTG is available for PIP IHI registered patients who:               <ul style="list-style-type: none"> <li>▪ Have a chronic disease or are at risk of developing chronic disease;</li> <li>▪ May experience setbacks in the prevention or management of a chronic disease if they did not take the medication; and</li> </ul>               Are unlikely to adhere to their medicines regimen without assistance through the CTG measure.             </li> </ul> |                 |

When an Aboriginal and/or Torres Strait Islander client has a Medicare supported health assessment, (item number 715), a series of other collaborating health workforce teams, including Aboriginal and Torres Strait Islander health practitioners, Aboriginal health workers, practice nurses and allied health workers are able to claim additional Medicare Benefits Schedule (MBS) items for services provided during the course of a client's treatment, as referred and requested by the general practitioner (GP).

| When a chronic disease is identified during any health assessment  | Item number              | Fee                              |
|--|--------------------------|----------------------------------|
| <p><b>A GP can work with a client to prepare a GP Management Plan (GPMP)</b></p> <ul style="list-style-type: none"> <li>• With the assistance of a practice nurse, Aboriginal health worker or Aboriginal and Torres Strait Islander health practitioner.</li> <li>• This item is recommended for review at 12 month intervals.</li> </ul>   | <b>721</b>               | <b>\$144.25</b>                  |
| <p><b>The GP can work with a client to coordinate a Team Care Arrangement (TCA):</b></p> <ul style="list-style-type: none"> <li>• For a client who has a chronic disease and requires ongoing care from at least three collaborating health or care providers;</li> <li>• With the assistance of a practice nurse, Aboriginal health worker or Aboriginal and Torres Strait Islander health practitioner.</li> <li>• This item is recommended for review at 12 month intervals.</li> </ul> | <b>723</b>               | <b>\$114.30</b>                  |
| <p><b>The GP can work with the client to contribute to a Multidisciplinary Care Plan (MDCP), or Review an existing MDCP</b></p> <ul style="list-style-type: none"> <li>• For a patient who is not a care recipient in a residential aged care facility; or</li> <li>• For a resident in an aged care facility;</li> <li>• These items are recommended for review at 3 month intervals.</li> </ul>  | <b>729</b><br><b>731</b> | <b>\$70.40</b><br><b>\$70.40</b> |

**When referred by the GP through the GPMP, TCA, MDCP follow up items may be provided by the practice nurse, Aboriginal health worker or Aboriginal and Torres Strait Islander Health Practitioner**

| <b>When a chronic disease is identified during any health assessment</b>   | <b>Item number</b>    | <b>Fee</b>     |
|--|-----------------------|----------------|
| <p><b>An Aboriginal health practitioner or a practice nurse can provide up to five follow-up services in a calendar year:</b></p> <ul style="list-style-type: none"> <li>• When referred by a GP as part of a GPMP, TCA or MDCP;</li> <li>• When the service is provided on behalf of and under the supervision of the GP; and</li> <li>• When the service is consistent with the needs identified through the GPMP, TCA or MDCP.</li> </ul>   | <b>10997</b>          | <b>\$12.00</b> |
| <p><b>An Aboriginal health practitioner or health worker (as an allied health worker) can provide up to five follow-up services in a calendar year:</b></p> <ul style="list-style-type: none"> <li>• When referred by a GP as part of a GPMP, TCA or MDCP;</li> <li>• When the service is consistent with the needs identified through the GPMP, TCA or MDCP;</li> <li>• When the consultation is at least 20 minutes' duration;</li> <li>• Including any services to which items 10950 to 10970 inclusive apply.</li> </ul> | <b>10950</b>          | <b>\$62.25</b> |
| <p><b>An allied health worker can provide up to five follow-up services in a calendar year:</b></p> <ul style="list-style-type: none"> <li>• When referred by a GP as part of a GPMP, TCA or MDCP;</li> <li>• When the consultation is at least 20 minutes' duration;</li> <li>• When a report is provided to the referring GP;</li> <li>• Including any services to which items 10950 to 10970 inclusive apply.</li> </ul>  | <b>10951 to 10970</b> | <b>\$62.25</b> |

---

<sup>i</sup> Medicare rebates are paid as a percentage of the Medicare Schedule Fee. Please use the [MBS online search](#) to confirm the available rebate.