

Medicare follow up items

Aboriginal and Torres Strait Islander People

Fact Sheet

MBS items 81300 to 81360

MBS Follow-up Allied Health Services for People of Aboriginal and Torres Strait Islander Descent

MBS Allied health items 81300 to 81360 are available to people of Aboriginal and Torres Strait Islander descent, on referral from their GP following a health assessment.

Components of follow-up items

A maximum of five (5) allied health services are available per patient each calendar year. This is in addition to allied health services available to eligible patients with chronic disease under MBS items 10950-10970. The five services can be provided by one eligible allied health professional (e.g. five physiotherapy services) or a combination of allied health professionals (e.g. one dietetic, two podiatry and two physiotherapy services). Services must be of at least 20 minutes duration and must be provided individually to the patient, in person, by the eligible health professional. A written report must be provided to the referring GP after the first and last service, or more often if required.

Referral arrangements

To access follow-up allied health services, patients must be referred by their GP to the relevant eligible allied health professional(s) using a *Referral form for follow-up allied health services under Medicare for people of Aboriginal and Torres Strait Islander descent*. The GP is responsible for identifying which allied health services are appropriate for the patient.

Eligible allied health professionals

	Item no.		Item no.
Aboriginal Health Worker	81300	Physiotherapist	81335
Diabetes Educator	81305	Podiatrist	81340
Audiologist	81310	Chiropractor	81345
Exercise Physiologist	81315	Osteopath	81350
Dietitian	81320	Psychologist	81355
Mental Health Worker*	81325	Speech Pathologist	81360
Occupational Therapist	81330		

*including mental health nurses and some social workers

Restrictions on providing the MBS follow-up allied health items

Allied health professionals must meet certain eligibility criteria and be registered with Medicare Australia – phone 132 150.

The patient must not be an admitted patient of a hospital.

Services cannot be claimed where the service is already funded by State or Commonwealth governments unless an exemption under subsection 19(2) of the *Health Insurance Act 1973* has been granted.

It is not necessary for the medical practitioner to claim their health assessment on Medicare but must indicate on the referral form that a health assessment has been undertaken.

Guidelines and Resources

For more detailed information about MBS item descriptors and explanatory notes visit the Department of Health and Ageing website at www.health.gov.au/mbsonline

Further information, including referral forms, is available on the Department of Health and Ageing website at www.health.gov.au/mbsprimarycareitems



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MBS items 10987

MBS Follow-up Health Services provided by a Practice Nurse or registered Aboriginal Health Worker for an Indigenous Person who has received a health assessment

MBS Item 10987 allows Indigenous people who have received any MBS health assessment item, or Indigenous children who have received a health assessment as part of the Northern Territory Emergency Response (NTER), to access Medicare rebates for follow up services provided by a practice nurse or registered Aboriginal health worker. A maximum of 10 services per patient is available in a calendar year.

Components of the follow-up item

The MBS follow-up service item may be used to provide:

- Examinations/interventions as indicated by the health assessment;
- Education regarding medication compliance and associated monitoring;
- Checks on clinical progress and service access;
- Education, monitoring and counselling activities and lifestyle advice;
- Taking a medical history; and
- Prevention advice for chronic conditions, and associated follow up.

Eligible practitioners

The MBS follow up item is provided by a practice nurse or registered Aboriginal health worker, on behalf of a GP.

Where an exemption under subsection 19(2) of the *Health Insurance Act 1973* has been granted to an Aboriginal Community Controlled Health Organisation or a State/Territory Government Health Clinic, MBS item 10987 may be claimed for services provided by a practice nurse or registered Aboriginal health worker on behalf of a GP.

Restrictions on providing the MBS follow-up item

The MBS follow-up item may only be provided if:

- the service is provided on behalf of and under the supervision of a GP;
- the person receiving the service is not an admitted patient of a hospital;
- the service is consistent with the needs identified through the health assessment;
- a claim has been made to Medicare Australia for a patient in respect of any MBS health assessment item in the last three years; and
- the GP under whose supervision the follow-up services to a health assessment are provided retains responsibility for the health, safety and clinical outcomes of the person.

Supervision of the practice nurse or registered Aboriginal health worker at a distance is recognised as an acceptable form of supervision.

MBS Item 10987 can be claimed in conjunction with:

- the MBS bulk billing incentive items 10990 and 10991, so long as the follow-up is provided to a Commonwealth concession card holder, or person under the age of 16, and the service is bulk billed;
- MBS allied health items for people receiving Indigenous health assessments (Items 81300 to 81360);
- the MBS chronic disease management allied health services (items 10950 to 10970) for a person who has a chronic condition and has a GP Management Plan (item 721) and Team Care Arrangements (item 723);
- the MBS practice nurse and registered Aboriginal health worker chronic disease monitoring and support item (item 10997) for people with a chronic disease care plan; and
- the MBS practice nurse and registered Aboriginal health worker items for immunisation and wound management (items 10993 and 10996).