

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+)

Fee: \$212.25 Benefit: 100% = \$212.25
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 \$6.40 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
5 per calendar year
(claimed by allied health provider)
Fee: \$62.25 Benefit: 85% = \$52.95

Service provided by a practice nurse or registered **Aboriginal Health Worker***
**Aboriginal Health Workers in South Australia are unable to be accredited and registered until 2012*
10987
10 per calendar year
Fee: \$24.00 Benefit: 100% = \$24.00

Don't forget step 3 - annotate the script!

CHRONIC DISEASE IDENTIFIED in Health Assessment:

Patient is 0 - 14:

May prepare GPMP and TCA, however patient cannot participate in IHI PIP (Don't forget step 3 - annotate the script!)

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 or over:

Are they a regular patient of your practice?

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 a 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

5 per calendar year (Claimed by allied health provider)
Fee: \$62.25 Benefit: 85% = \$52.95

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

To access IHI PIP Payments for CDM:

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 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 Chronic Disease Management Items.