

**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**

Fee: \$204.20 Benefit: 100% = \$204.20

**Step 3) PBS Copayment Measure:**

For patients of ANY AGE.

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**?

**Annotate any PBS Prescriptions with CTG!**

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

**Non—concession card** patients pay **\$5.60** per prescription for all PBS medicines.

**NO CHRONIC DISEASE:**

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: \$61.10 Benefit: 85% = \$51.95

Service provided by a practice nurse or registered Aboriginal Health Worker\*

\*Aboriginal Health Workers in NT only

**10987**

10 per calendar year

Fee: \$23.55 Benefit: 100% = \$23.55

*Don't forget step 3: Patients with chronic disease risk are still eligible to receive PBS Copayment Measure*

**CHRONIC DISEASE:**

**Patient is 0—14:**  
*May prepare GPMP & TCA, however GP cannot claim IHI PIP payments in this instance*  
**HOWEVER—PATIENT CAN ACCESS PBS COPAYMENT MEASURE:**  
*Refer to step 3 for eligibility*

**Patient is 15 or over:**  
*Are they a regular patient of your practice?*  
*Register the Patient for IHI PIP: \$250 per patient per calendar year.*

**Don't Forget!**

**729**

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

Fee: \$67.70 Benefit: 100% = \$67.70

**GPMP 721**

Fee: \$138.75  
Benefit = 75% = \$104.10  
100% = \$138.75

**TCA 723**

Fee: \$109.95  
Benefit: 75% = \$82.50  
100% = \$109.95

**Review of GPMP 732**

Fee: \$69.35  
Benefit: 75% = \$52.05  
100% = \$69.35

**Review of a TCA 732**

Fee: \$69.35  
Benefit: 75% = \$52.05  
100% = \$69.35

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

**10950—10970**

5 per calendar year (Claimed by allied health provider)

Fee: \$61.10 Benefit: 85% = \$51.95

**To access IHI PIP Payments for CDM for patients over 15:**

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.