

Aboriginal and Torres Strait Islander health assessment continuity of care

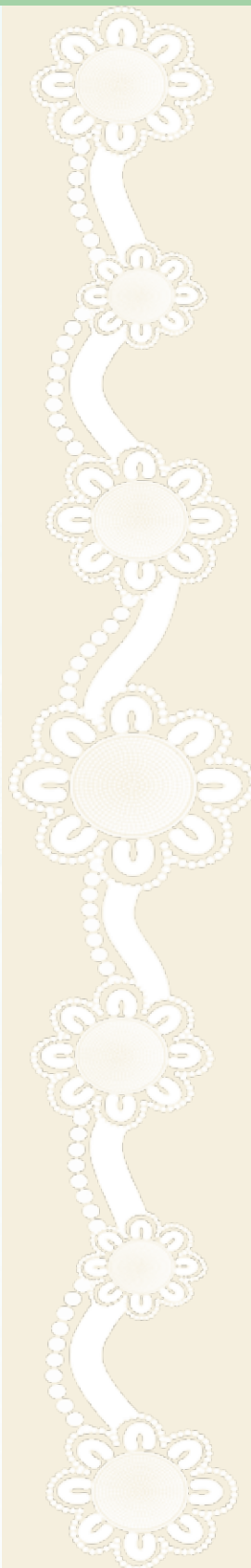
Referring for health assessment follow-up and health and wellbeing services when circumstances change

When an Aboriginal and Torres Strait Islander patient moves to a new health service, they receive continuity of care from their new practice.

All eligible practitioners can refer their Aboriginal or Torres Strait Islander patients for health and wellbeing services (including Medicare Benefits Schedule (MBS) items 81300-81360, 93048 or 93061) when the:

- patient has a valid health assessment in place (MBS item 228, 715, 92004 or 92011)
- services are still available for claiming (yearly limits apply).

Follow-up service MBS item 10987, 93200 or 93202) doesn't require a referral. It can be provided by a practice nurse or Aboriginal and Torres Strait Islander Health Practitioner, on behalf of the Medical Practitioner. Up to 10 services per calendar year can be claimed.



Case Study

Marley moves to a new location and visits your local health service.

You recommend a health assessment (also known as a health check). Marley tells you that they had a health assessment 2 months ago at their previous health service.

A new health assessment isn't needed to continue Marley's care.

Use the MBS items online checker in Health Professional Online Services (HPOS) to check billing eligibility. You can't claim another health assessment (MBS item 228, 715, 92004 or 92011) if one has been billed in the last 9 months, but you can consider claiming a general attendance item.

You determine Marley requires follow-up treatment and refer for Aboriginal and Torres Strait Islander health and wellbeing services (MBS items 81300-81360).

A practice nurse or Aboriginal and Torres Strait Islander Health Practitioner can also provide Marley with follow-up services (MBS item 10987) on your behalf.

Go to mbsonline.gov.au for more information about billing these items



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