
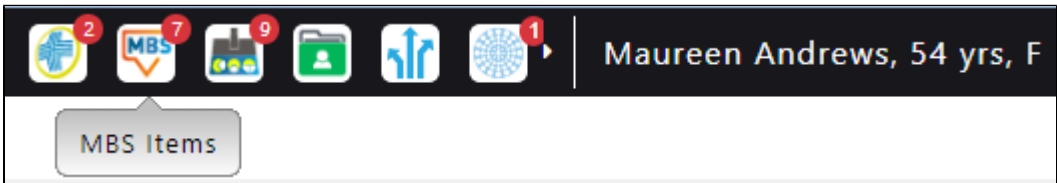


MBS App


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To access the MBS App click on the 'mbs' title in Topbar. This will display guidelines for eligible patients. Apps in Topbar are by default only displayed when there is any activity indicated for the patient open in the clinical system.



The MBS app can assist a provider in determining which MBS item is relevant for the patient currently open in the clinical system. Topbar looks at the billing history of the patient at the clinic only - Medicare does currently not allow third party access to information about billing elsewhere. We extract the information from your local billing and clinical system.

Topbar also looks at the coded reason for visit to establish if an activity required to claim an item has been 'done' and is ready for claiming. This applies to most of the items we use (GPMP, TCA, health checks,...). Free text or entry as part of a progress note will not be picked up, it needs to be a coded reason for the presentation/visit.

 Once an item has been successfully claimed (not just submitted) it will be marked with the green tick as 'up to date' in the Topbar MBS App.

For details on the Eligibility and Settings tab see here:

- [Heart Health Check Item](#)
- [MBS App Eligibility Tab](#)
- [MBS App Settings Tab](#)

We are prompting for the following items:

MBS Item Number	Name/Comments	Eligibility Criteria	How to record it in the clinical system
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721	GP Management Plan	Diabetes Asthma CHD active and inactive COPD Hypertension chronic Heart failure Peripheral vascular disease Stroke Mental health Osteoporosis Osteoarthritis Rheumatoid arthritis Coeliac Chronic renal failure Palliative care Cancers No claim recorded within the last 12 months Not in residential care	coded reason for visit
723	Team Care Arrangement	as above	coded reason for visit
732	GPMP/TCA Review	claimed GPMP/TCA recorded and at least 3 months ago - can't be claimed within 3 months of a Diabetes cycle of care	coded reason for visit
701, 703, 705, 707	Health Assessments	patient in correct age group and no claim recorded in the respective time frame for the item	coded reason for visit, different MBS item depending on age
900, 903	Domestic or Residential Care Medication Review	No claim recorded within the last 12 months	Medication review field in clinical system OR coded reason for visit
2700, 2701, 2715, 2717	GP Mental Health Treatment Plan (GP MHTP)	Anxiety Schizophrenia Bipolar Depression No claim recorded within the last 12 months Not in residential care	coded reason for visit
2712	GP MHTP Review	claimed GP MHTP recorded and at least 3 months ago	coded reason for visit
2517, 2512, 2525	Diabetes Cycle of Care	Diabetes diagnosis all indicators entered within the prescribed time frame No claim recorded within the last 12 months, can't be claimed within 3 months of a GPMP/TCA review	all required activities have been recorded in the prescribed time frame and in the correct field in the CIS
715	Indigenous Health Assessment	Ethnicity = Indigenous No claim recorded within the last 12 months	Under Health Assessments or as coded reason for visit
2546, 2552, 2558	Asthma Cycle of Care	Diagnosis Asthma all required information entered within the prescribed time frame No claim recorded within the last 12 months	coded reason for visit and built in cycle of care

10997	Practice Nurse or Aboriginal Health Worker item GPMP /TCA patient	<p>Service provided to a person with a chronic disease if:</p> <p>(a) the service is provided on behalf of and under the supervision of a medical practitioner; and</p> <p>(b) the person is not an admitted patient of a hospital; and</p> <p>(c) the person has a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan in place; and</p> <p>(d) the service is consistent with the GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan</p> <p>to a maximum of 5 services per patient in a calendar year</p>	successfully claimed item
10987	Practice Nurse or Aboriginal Health Worker item follow up HA	<p>Follow up service on behalf of a medical practitioner, for an Indigenous person who has received a health assessment if:</p> <p>a) The service is provided on behalf of and under the supervision of a medical practitioner; and</p> <p>b) the person is not an admitted patient of a hospital; and</p> <p>c) the service is consistent with the needs identified through the health assessment;</p> <p>- to a maximum of 10 services per patient in a calendar year</p>	successfully claimed item
699 or 177	Heart Health Check	<p>The intention of this item is to identify cardiovascular disease (CVD) in people not known to have CVD including:</p> <p>(a) Aboriginal or Torres Strait Islander persons who are aged 30 years and above;</p> <p>(b) Adults aged 45 years and above.</p> <p>Claimable once only in a 12 month period. The heart health assessment item cannot be claimed if a patient has had a health assessment service (items 701, 703, 705, 707, 715) in the previous 12 months.</p>	<p>All required activities are present in the patient record and the item was successfully claimed</p>