

MBS App Eligibility Tab

The Eligibility tab shows MBS items relevant to the patient open in the CIS and their status. Eligibility is determined for the patient currently open in the clinical information system by checking:

- age
- ethnicity
- existing conditions (coded diagnosis only)
- current medications
- billing history (at this practice only)

The MBS App shows the item number(s) first, followed by the item name, the number of actions required/completed and finally the claim status.

Item Number(s)	Item Name	Required/Completed	Claim Status
723, 230	TCA	0/2	Not Claimed
721, 229	GPMP	0/1	Not Claimed
900	DMMR	0/1	Not Claimed
2546, 2552, 2558, 265, 266, 268, 269, 270, 271	Asthma Cycle Of Care	0/5	Not Claimed
715	ATSI Health Assessment	0/1	Not Claimed
10997	10997 (PN/AHP Service)	0/1	Not Claimed

A green  indicates that an item has been claimed successfully, the red  shows an item that hasn't been claimed yet.

A green rectangle indicates an action that has been completed and read from the CIS. An orange rectangle indicates an action that can't be extracted from the CIS but can be entered into Topbar to indicate the action is complete. A red rectangle indicates a missing action item.

When the item details are expanded by clicking on the item, more details are displayed. Some items have multiple actions, others might only have one. A green tick in the 'Action' column means the action for the item has been completed and recorded in the CIS. The numbers in that column (2/2 or 0/1) indicate the number of required actions recorded. Details of the relevant items are displayed by clicking on the item. The details for the TCA in this example look like this:

Activity	Frequency	Action
Met With At Least Two Other Providers	once	✓
TCA	every 12 months	✓

TCA - 723, 230

Relevance Criteria: Chronic condition (Asthma, Coronary heart disease)

Details: [MBS Online](#)

Last Claim Date: 25/09/2017

Minimum Claim Period  12 month(s) (16 Month(s) Overdue)

[Claimed Elsewhere](#) [Defer](#)

The 2/2 in the example below means that the provider has recorded that they have met with at least two other providers and they have recorded a coded reason for a visit indicating that at Team Care Arrangement was done for this patient. This completes the required ACTIONS for the patient and is indicated by the 2/2 count.

723, 230		TCA	2/2	
Activity	Frequency	Action		
Met With At Least Two Other Providers	once	✓		
TCA	every 12 months	✓		

If an item has been claimed without completing or recording all required actions, it will be shown as up to date, even if not all action items have been recorded in the CIS. The GPMP below is an example for this. The item has been successfully claimed, but it has not been recorded as a coded reason for

visit. Topbar will indicate that the item has been claimed by showing a green  but still show the 0/1 - indicating that the action item has not been recorded. Recording coded reason for visits is good practice in general and recommended.

MD3 and BP allow to change the settings to add the reason for visit to the patient history, so that each visit shows in the patient past history. Topbar does not rely on this setting to read the coded reason for visit so the decision to included or exclude reason for visit in the patient past history is up to the clinic.

721, 229		GPMP	0/1	
Activity	Frequency	Action		
GPMP	every 12 months			

GPMP - 721, 229

Relevance Criteria: Chronic condition (Asthma, Coronary heart disease)

Details: [MBS Online](#)

Last Claim Date: 30/01/2020

Minimum Claim Period  12 month(s) (12 Month(s) Remaining)

For more in depth information on the Diabetes Cycle of Care and MBS items claimed at another clinic please see here:

- [Diabetes Cycle of Care Eligibility](#)
- [MBS items claimed elsewhere](#)