medicare matters
JULY 2026

QAIHC
Queensland Aboriginal and Islander Health Council

Joint Chronic Condition Organisation Workshop

QAIHC offered the Joint Chronic Condition Organisation Workshop from 15–17 June 2026 in Meanjin/Brisbane as a professional development opportunity supported by the Sector Development Team. The workshop brought together Aboriginal and Torres Strait Islander Health Workers and Practitioners, and practice nurses from QAIHC Members to strengthen their knowledge of chronic condition prevention, management, and follow-up care.

Sessions were delivered by a range of organisations, including Cancer Council, Diabetes Australia, Kidney Health Australia, Health and Wellbeing Queensland, Hepatitis Queensland, Arthritis Movement Queensland, PenCS, the Stroke Foundation, and presenters covering GP Chronic Condition Management Plans and Medicare continuous quality improvement.

The workshop focused on building participants' capability to use quality improvement approaches, including the Plan, Do, Study, Act cycle, to review claiming patterns and identify Medicare follow-up items that support patient care. Attendees are now better equipped to undertake quality improvement activities that improve chronic condition follow-up care and support appropriate Medicare claiming.

Medicare Q&As

These Medicare Q&As provide practical Medicare guidance on common claiming, referral, and care-planning questions for primary health care teams. It is designed as a quick reference to support consistent decision-making and documentation in day-to-day practice.

Q1: Can items 731 and 90043 be claimed on the same day for the same patient in a nursing home?

A1: Yes. Items 731 and 90043 can be claimed on the same day if each service is clinically relevant, distinct, and documented separately in the patient's medical record.

- Item 90043 | Medicare Benefits Schedule
- Multidisciplinary care plans for a care recipient in a residential aged care facility (items 232, 731, 92027, 92058): Note AN.15.8 | Medicare Benefits Schedule

Q2: If a patient has already had an Aboriginal and Torres Strait Islander Health Assessment (item 715) at another clinic, can I still refer them to allied health professionals and arrange follow-up by a practice nurse or an Aboriginal and Torres Strait Islander Health Practitioner?

A2: Yes. If a copy of the completed item 715 cannot be obtained from the original clinic, confirm with Medicare that the patient has a current health assessment. The GP can then decide which allied health referrals and follow-up services are clinically appropriate, including follow-up care, under item 10987.

Continuity of Care: IHSM05INFO4-Aboriginal and Torres Strait Islander health assessment continuity of care (PDF)

Q3: I work in a mobile clinic that travels into the community. Which GP provider number should be used?

A3: Use the GP provider number linked to the location where the GP usually practices, as provider numbers are location specific.

Q4: Which Medicare items can be provided?

A4: Standard Medicare items may be provided in a mobile clinic if the patient is otherwise eligible and all item requirements are met.

Medicare Q&As

Q5: Which health professionals can assist with collecting information for a GP to complete an Aboriginal and Torres Strait Islander Health Assessment (item 715)?

A5: Practice nurses, Aboriginal Health Workers, and Aboriginal and Torres Strait Islander Health Practitioners may assist with collecting information for an item 715 health assessment, under the supervision of the medical practitioner and in accordance with accepted medical practice.

This assistance can include:

- collecting relevant patient information
- providing information about recommended interventions at the direction of the medical practitioner

The GP or prescribed medical practitioner must see the patient as part of the service and remains responsible for the complete service. See the explanatory notes: Note AN.0.43 | Medicare Benefits Schedule

The GP or prescribed medical practitioner should be satisfied that the assisting health professional has the skills, expertise, and training needed to collect the required information.

The terms practice nurse, Aboriginal and Torres Strait Islander Health Practitioner and Aboriginal and Torres Strait Islander Health Worker are defined in the Regulations.

A practice nurse means a 'registered or an enrolled nurse who is employed by, or whose services are otherwise retained by, a general practice or by a health service to which a direction made under subsection 19(2) of the [Health Insurance] Act applies.'

An Aboriginal and Torres Strait Islander Health Practitioner means a person:

- who is registered under the National Law in the Aboriginal and Torres Strait Islander health practice profession; and who is employed by, or whose services are otherwise retained by, a medical practitioner in a general practice or a health service to which a direction made under subsection 19(2) of the [Health Insurance] Act applies.

Aboriginal and Torres Strait Islander Health Worker means a person:

- who holds a qualification of Certificate III or higher in Aboriginal and/or Torres Strait Islander Primary Health Care from the Health (HLT) training package; and who is engaged by a medical practitioner in a general practice or a health service to which a direction made under subsection 19(2) of the [Health Insurance] Act applies.

Note: MBS items for a health assessment for persons of Aboriginal and Torres Strait Islander descent are for a complete service.

Medicare Q&As

Q6: Can the health professionals who assist with information collection for an Aboriginal and Torres Strait Islander Health Assessment (item 715) claim a separate item number?

A6: No. Item 10987 cannot be claimed when a practice nurse, Aboriginal and Torres Strait Islander Health Worker, or Aboriginal and Torres Strait Islander Health Practitioner assists with a health assessment.

Q7: Which Medicare items can an Aboriginal and Torres Strait Islander Health Worker claim under Medicare?

A7: Some items are claimed under GP supervision, while others can be claimed using the Aboriginal and Torres Strait Islander Health Worker's own provider number. See the Services Australia infographic for details: IHSM08INFO-Aboriginal and Torres Strait Islander Health Worker Medicare Benefits Schedule (MBS) items (PDF).

Q8: Which Medicare items can an Aboriginal and Torres Strait Islander Health Practitioner claim under Medicare?

A8: Some items are claimed under GP supervision, while others can be claimed using the Aboriginal and Torres Strait Islander Health Practitioner's own provider number. See the Services Australia infographic for details: IHSM09INFO-Aboriginal and Torres Strait Islander Health Practitioner Medicare Benefits Schedule (MBS) items (PDF).

Q9: How many allied health services can a GP refer an Aboriginal and Torres Strait Islander person to in a calendar year?

A9: After completing an Aboriginal and Torres Strait Islander Health Assessment (item 715) or a GP Chronic Condition Management Plan (item 965), a GP can refer the patient for up to 10 allied health services in a calendar year.

Fact Sheet — First Nations Australians MBS Changes — 1 March 2024 (PDF).

Medicare Q&As

Q10: What are the reporting requirements when a GP refers a patient to an allied health professional?

A10: The allied health or other primary care professional must give the referring medical practitioner a written report after the first service and the last service. Extra reports may be provided if clinically necessary.

Reports should include all of the following:

- investigations, tests, and assessments carried out
- treatment provided
- recommendations for future management of the patient's condition.

Note: If investigations, assessments, or treatment are recorded in the patient's medical record, your organisation should have a process to alert the GP to review the record after the first and last consultation, so the reporting requirements are met.

Refer to the following for additional information:

- Allied health and other primary health care referrals for GP chronic condition management plans — Health professionals — Services Australia
- Upcoming Changes to Chronic Disease Management Framework — Referral Arrangements for Allied Health Services (PDF).

Q11: Can a GP provide a consultation item to a patient on the same occasion when they provide a GP Chronic Condition Management Plan item 965 or review item 967?

A11: No. A GP Chronic Condition Management Plan item 965 or review item 967 cannot be co-claimed on the same day as a general attendance item.

Q12: Can a GP at another clinic provide a GP Chronic Condition Management Plan if there has been a significant change in the patient's care needs and circumstances?

A12: Yes, if clinically relevant. A GP Chronic Condition Management Plan may be prepared earlier than usual if exceptional circumstances apply, such as a significant change in the patient's care needs or circumstances. See: Note AN.0.47 | Medicare Benefits Schedule this must be included in claim text prior to submitting the claim to Medicare.

Medicare Q&As

Q13: Can a GP provide a Mental Health Treatment Plan and a general consultation item on the same occasion?

A13: Yes. A GP can prepare a Mental Health Treatment Plan and address other health issues at the same attendance if the item requirements are met and the service is documented appropriately.

Mental Health Treatment Plan explanatory notes: Note AN.0.56 | Medicare Benefits Schedule

Q14: When an Aboriginal & Torres Strait Islander Health Check Item 715 is provided, can I claim other tests as part of the tools I use when I provide the assessment?

A14: When an Aboriginal & Torres Strait Islander Health Check Item 715 is provided, the GP can use additional tools as part of completing the health assessment. Though if they are used as a screen tool, they are not claimable using a Medicare item.

- To co-claim a health assessment item and another item, both items must be clinically necessary and distinct services and each independently meeting all relevant requirements set out in the item descriptors.
- Item 715 | Medicare Benefits Schedule and explanatory notes

Q15: What is the definition of a Practice Nurse under Medicare?

A15: A practice nurse is either a registered nurse or an enrolled nurse who are able to provide specific Medicare services on behalf of the GP. Services billed by a practice nurse must meet certain item requirements, see the following related items:

- MBS billing rules for practice nurse items — Health professionals — Services Australia
- MBSM49-Medicare items for practice nurses