PHASES FACTSHEET

MBS Opportunities

for Aboriginal and Torres Strait Islander patients

Medicare Benefits Schedule (MBS) items supporting preventive cardiovascular disease care

The MBS enables primary care providers to deliver proactive cardiovascular disease prevention by supporting health assessments and chronic condition management plans, ensuring sustainable funding for early intervention and improved patient outcomes. This is what PHASES is designed to achieve - proactive management of CVD risk factors.

Why it matters

Having MBS billing that supports preventive CVD care enables healthcare providers to sustainably fund early detection and intervention, reducing costly hospital presentations. It also supports working collaboratively with allied health professionals and specialists to drive better health outcomes for patients.

How can MBS items 715 and 699 support preventive CVD care for First Nations people

Patient Group	Eligible MBS Items & Value (MM2)	Assessment Type	Who Can Do It	Review Interval
Aboriginal or Torres Strait Islander	**715** (not less than 9 months) ($259)	Health Assessment	Nurse + GP	9-monthly
≥30 yrs (Heart Health Check)	**699** (>20min) ($96)	Heart Health Assessment	Nurse + GP	Annually

These items enable structured assessments, planning and follow-up care that help identify risk early and keep patients healthier for longer.

- Bulk-billing incentives increase with remoteness (MM1: major cities - MM7: very remote).
- Practices receive the incentive for any eligible patient who holds a valid Medicare card and is bulk billed.
- It is possible to co-claim a heart health assessment (699) annually and a comprehensive health assessment for people who identify as Aboriginal and Torres Strait Islander (715) 9-monthly , where both items are clinically necessary and provided as distinct services.

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Billing pathway to consider

1. Start with an Aboriginal and Torres Strait Islander health assessment **with or without 699**
2. For patients with AusCVD confirmed risk, add the following GPCCMP items:
   With item 715, use 10987.
   With items 965/967 use 10997
   with the following billing potential:

High risk score

Maximum billings per patient per annum:

- MM1 = $1,094.90
- MM7 = $1,155.20

Low-intermediate risk score

Maximum billings per patient per annum:

- MM1 = $347.25
- MM7 = $360.65

**MBS item values are indexed and change over time. Figures were calculated in November 2025. 2026 values may be slightly higher.*

	No. patients per risk category	MM1	MM7
PRACTICE SIZE n=10,000			
No. high risk	359	$392,960	$414,601
No. intermediate risk	977	$339,194	$351,990
No. low risk	2364	$821,003	$851,976
Total	3700	$1,553,157	$1,618,567
PRACTICE SIZE n=5,000			
No. high risk	179	$196,480	$207,301
No. intermediate risk	488	$169,597	$175,995
No. low risk	1182	$410,502	$425,988
Total	1850	$776,578	$809,283
PRACTICE SIZE n=3,000			
No. high risk	108	$117,888	$124,380
No. intermediate risk	293	$101,758	$105,597
No. low risk	709	$246,301	$255,593
Total	1110	$465,947	$485,570

Benefits

Improved patient outcomes

By supporting structured assessments and care plans, MBS billing enables early detection of cardiovascular risk factors

Financial sustainability

MBS items provide a reliable funding stream for preventive health activities, making early intervention and ongoing care economically viable.

Supports coordinated care

Allows practices to involve nurses and allied health professionals in preventive care, including referral to specialists when needed.

Get started

- Review MBS guidelines for each item (time requirements, frequency, documentation) to ensure compliance.
- Brief GPs, nurses and admin staff on workflows for preventive care billing, including how nurse time counts toward assessment requirements.
- Use your clinical software to find patients who meet the criteria for Aboriginal and Torres Strait Islander Health Assessment (715), Heart Health Assessment (699) and GP Chronic Condition Management Plans.

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