



Items and definitions

Here are the key items displayed in Best Practice and their meanings.

TOP TIP: Copy and paste the information below into an F8 message for easy team sharing, or print it out for quick reference at workstations.

Text displayed in Best Practice	Full definition
Confirmed (items)	Medicare verified eligibility confirmed via QuickCheck
Possible (items)	Potential eligible items based on patient billing history
	Where a QuickCheck item has been confirmed with Medicare as not eligible to be billed, the item will not appear in Care Prompts.
MyMedicare eligible/registered, Not MyMedicare registered or eligible	MyMedicare registration status
Check MyMedicare	Records indicate patient is not registered for MyMedicare at this location. Check MyMedicare status with Patient before completing GPCCMP items to avoid risk of Medicare billing rejection.
965	GP Chronic Condition Management Plan
Potential CCMP	Highlights when patient has not been billed a CDM (721, 723,732) or CCMP (965, 967) item in the past, and based on an underlying condition, may be eligible for a chronic condition management plan.
967	Review of GP Chronic Condition Management Plan
Menopause HA (695)	Menopause and Perimenopause Health Assessment
731	Multidisciplinary Care Plan for Aged Care Residents
10997	Chronic Condition Monitoring by practice nurse/Aboriginal or Torres Strait Islander health practitioner
10987	Follow-up service for Indigenous patients post-health assessment
CVC	DVA CVC program
715	Aboriginal and Torres Strait Islander Peoples Health Assessment
75+ HA	75+ Health Assessment
MHTP	Mental Health Care Treatment Plan
MHTP review	Review of Mental Health Treatment Plan
40-49 HA	40-49 Diabetes Risk Health Assessment
45-49 Diabetes	45-49 Diabetes Health Assessment
699	Heart Health Assessment
DMMR	Medication Management Reviews
Vax: Flu	Flu Vaccine
Vax: Covid	Covid Vaccine
Vax: Covid Boost	Covid Booster Vaccine
Vax Shingles 1st	Shingrix vaccine 1st dose
Vax Shingles 2nd	Shingrix vaccine 2nd dose