



GPACI RACH Visits - Sample Schedule - RESPONSIBLE PROVIDER VISITING ONLY

Quarter 1



Contribution or review of Multidisciplinary Care Plan

MBS 731 OR 232 can be co-claimed with any of the following:

Comprehensive Medical Assessment

MBS 703-707 OR MBS 224-227
Comprehensive Management Plan (CMA) -
OR DVA MT701 - 707
Health Assessment item

Item choice depend on length of assessment and type of practitioner

Quarter 2



Case Conference

MBS 235-240 OR MBS 735-758
Multidisciplinary Care Conference

Item choice depend on length of conference and type of practitioner

Quarter 3



Residential Medication Management Review

MBS 903 OR MBS249

Item choice depends on practitioner type

Quarter 4



Case Conference

MBS 235-240 OR MBS 735-758
Multidisciplinary Care Conference

Item choice depend on length of conference and type of practitioner

Across the 12-month period must provide 2 of the above Eligible Care Planning Items

These can be claimed at any point across the 12-months. Claiming MBS 731 early in the cycle (Q1) enables other MBS items and referrals. MBS 731 can be co-claimed with other items.



2x Eligible Regular Services

Must be claimed in separate calendar months

MBS Items 90035-90054 OR MBS 90188-90215 OR 90093-90096 OR Non-urgent after hours items

Item choice depend on length of consultation and type of practitioner



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MBS Items 90035-90054 OR MBS 90188-90215 OR 90093-90096 OR Non-urgent after hours items

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NOTE: Completing 2 Regular Visits with your patient per quarter triggers the incentive payment to both the Responsible Practitioner and the Practice. Payments will not be triggered if the two visits are not completed within the quarter in two separate calendar months. Triple bulk billing applies with eligible patients.

Example Annual Cycle inc. estimated billing - Responsible Provider Only

MMM1-3

Quarter 1			Quarter 2		
January	February	March	April	May	June
Eligible Care Planning Item MBS 731 + MBS 705	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	Eligible Care Planning Item Case Conference MBS743 40+Mins	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min
\$80.20 + \$216.80 = \$297	\$82.90	\$82.90	\$229.65	\$82.90	\$82.90
Other eligible items available depending on the patient's needs. Start the annual cycle with item 731 to ensure have best access to MDT requirements.	Other items are available for shorter or longer regular visits, after hours Note regular visits need to be in separate calendar months,	Other items are available for shorter or longer regular visits, after hours	A Case conference can be used to engage with care team members from RACH, allied health, specialists and care team members from your practice. Provides an opportunity to collaborate	Other items are available for shorter or longer regular visits, after hours	Other items are available for shorter or longer regular visits, after hours
Quarter 3			Quarter 4		
July	August	September	October	November	December
Eligible Care Planning Item - Med Review MBS 903	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	Eligible Care Planning Item Case Conference MBS743 40+Mins	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min
\$120.80	\$82.90	\$82.90	\$229.65	\$82.90	\$82.90
Other eligible Items available depending on the patient's needs MMRs aim to help people to get the most benefit from their medicines and minimise their risk of medicines-related harm - National Commission on Safety & Quality in Healthcare	Other items are available for shorter or longer regular visits, after hours	Other items are available for shorter or longer regular visits, after hours	A Case conference can be used to engage with care team members from RACH, allied health, specialists and care team members from your practice. Provides an opportunity to collaborate	Other items are available for shorter or longer regular visits, after hours	Other items are available for shorter or longer regular visits, after hours
Annual Billed Amount in this example: \$1540.30 + incentive payment of \$300 (Responsible GP incentive) + \$130 (practice incentive) = \$1970.30 (noting incentive paid quarterly). Please note: Bulk billing incentives (standard and triple) not included.			Noting that the practitioner may visit the patient more frequently in the year for additional care needs to bill for follow up telehealth appointment, or bill for longer appointment items depending on patient's individual care needs, therefore the billed amount for the patient may be more or less - example only.		

Regular Appointment/ Visit timing by MBS Item and By Practitioner

General Attendance Items	Level B 6-20minutes	Level C 20+ Minutes	Level D 40+ Minutes	Level E 60+ Minutes
RACF/RACH Visit VR GP	90035	90043	90051	90054
RACF/RACH visit *after hours - VR GP	5028	5049	5067	5077
RACH/RACH Visit Prescribed Medical Practitioner	90188	90202	90212	90215
RACH Visit Nurse Practitioner	82205	82210	82215	N/A
Practice Nurse or Aboriginal &/or Torres Strait Islander Health Practitioner follow up visit RACH	10997 (Not timed)			
Telehealth	91800	91801	91802	91920
Non-Urgent After Hours	776/ 5028 / 5263	788/ 5049/ 5265	789/ 5067/ 5265	2200/ 5077/ 5262/ 5267

DEFINITIONS

Responsible Provider = Medical practitioner who holds an eligible specialty code, as outlined in Appendix 10.2, and who for the purposes of the General Practice in Aged Care Incentive are responsible for coordinating the delivery of eligible services to an eligible patient

Prescribed Medical Practitioner = previously non vocationally registered/ OMPS

VR = Vocationally Registered General Practitioner

Other Important Notes about GP ACI

Care Planning Items can be claimed on the same day or on separate visits as long as it meets the GPACI criteria of TWO Care Planning Items per annum.

MBS 731 is required to be able to bill Practice nurse/ Aboriginal &/or Torres Strait Islander Health Practitioner Item MBS 10997 and required to trigger allied health appointments (chronic disease management items for Podiatry, Dietitian, Physio, Ex Phys, Occupational Therapy, etc). This GPACI MBS User Guide Strongly recommends practitioners claim this item within the first quarter to maximise the multidisciplinary team function of GPACI.

To be eligible for the 4th quarter payment a total of 8 regular visits need to be completed across 12 months (Not required to be delivered in separate calendar months). If a GP misses a quarter, they will need to make up the missed visit at another point in the 12-month period.

Note: there are many ways a General Practice may structure the care provided to an aged care resident. These are examples to provide an idea of how visits could be placed, indicative billing amounts (noting if claiming longer consults or after hours items the billed amount is higher).

REVIEW CYCLE FOR GPACI MBS USER GUIDE RESOURCE

PHNs have jointly developed this resource through the National PHN MyMedicare Implementation Program and the PHN Cooperative. This document has been edited from Version 4, published on 19 December 2024. The next review of the resource is due April 2025.