

# GPACI MBS User Guide



## GPACI RACH Visits - Sample Schedule - RESPONSIBLE PROVIDER + ALTERNATIVE PROVIDER

Other GP / Prescribed medical practitioner / Nurse practitioner + Practicing in MMM 4-7 where telehealth appointments can be used as follow up

Quarter 1	Quarter 2	Quarter 3	Quarter 4
 <p><b>Contribution or review of Multidisciplinary Care Plan</b></p> <p>MBS 731 <b>OR</b> 232 can be co-claimed with any of the following:</p> <p><b>Comprehensive Medical Assessment</b></p> <p>MBS 703-707 <b>OR</b> MBS 224-227 Comprehensive Management Plan (CMA) - <b>OR</b> DVA MT701 – 707 Health Assessment item <b>*Item choice depend on length of assessment and type of practitioner*</b></p>	 <p><b>Case Conference</b></p> <p>MBS 235-24 <b>OR</b> MBS 735-758 Multidisciplinary Care Conference</p> <p><b>*Item choice depend on length of conference and type of practitioner*</b></p>	 <p><b>Residential Medication Management Review</b></p> <p>MBS 903 <b>OR</b> MBS249</p> <p><b>*Item choice depends on practitioner type*</b></p>	 <p><b>Case Conference</b></p> <p>MBS 235-24 <b>OR</b> MBS 735-758 Multidisciplinary Care Conference</p> <p><b>*Item choice depend on length of conference and type of practitioner*</b></p>

### 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.

 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider <b>Must be claimed in separate calendar months</b></p> <p>MBS Items 90035-90054 <b>OR</b> MBS 90093-900096 <b>OR</b> MBS 90188-90215 <b>OR</b> MBS 82205-82215 <b>OR</b> after hours non-urgent <b>OR</b> Can use MBS 91800 - 91803 Telehealth Service as follow up appointment in the quarter</p>	 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider <b>Must be claimed in separate calendar months</b></p> <p>MBS Items 90035-90054 <b>OR</b> MBS 90093-900096 <b>OR</b> MBS 90188-90215 <b>OR</b> BS 82205-82215 <b>OR</b> after hours non-urgent <b>OR</b> Can use MBS 91800 - 91803 Telehealth Service as follow up appointment in the quarter</p>	 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider <b>Must be claimed in separate calendar months</b></p> <p>MBS Items 90035-90054 <b>OR</b> MBS 90093-900096 <b>OR</b> MBS 90188-90215 <b>OR</b> BS 82205-82215 <b>OR</b> after hours non-urgent <b>OR</b> Can use MBS 91800 - 91803 Telehealth Service as follow up appointment in the quarter</p>	 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider <b>Must be claimed in separate calendar months</b></p> <p>MBS Items 90035-90054 <b>OR</b> MBS 90093-900096 <b>OR</b> MBS 90188-90215 <b>OR</b> BS 82205-82215 <b>OR</b> after hours non-urgent <b>OR</b> Can use MBS 91800 - 91803 Telehealth Service as follow up appointment in the quarter</p>
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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.

Also note, the **RESPONSIBLE PROVIDER must complete 4 of the eligible regular services - 1 per quarter** across the 12-months, another GP or Nurse Practitioner can provide the other regular visits. **Note this visiting schedule is only relevant for practitioners in MMM4-7 areas. Can claim up to 4 telehealth consults across the 12-months**

# Example Annual Cycle inc. estimated billing - Responsible Provider + Alternate Provider (other GP or Nurse Practitioner)

Quarter 1			Quarter 2		
January	February	March	April	May	June
<b>Eligible Care Planning Item MBS 731 + MBS 705</b>	<b>1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min</b>	<b>1x Eligible Regular Visit Nurse Practitioner MBS 82210 20-40min</b>	<b>Eligible Care Planning Item Case Conference MBS743 40+Mins</b>	<b>1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min</b>	<b>1x Eligible Regular Visit Nurse Practitioner MBS 82210 20-40min</b>
\$80.20 + \$216.80 = \$297	\$82.90	\$58.85	\$229.65 + may be able to bill for NP time at CC	\$82.90	\$58.85
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
<b>Eligible Care Planning Item - Med Review MBS 903</b>	<b>1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min</b>	<b>1x Eligible Regular Visit Nurse Practitioner MBS 82210 20-40min</b>	<b>Eligible Care Planning Item Case Conference MBS743 40+Mins</b>	<b>1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min</b>	<b>1x Eligible Regular Visit Nurse Practitioner MBS 82210 20-40min</b>
\$120.80	\$82.90	\$58.85	\$229.65 + may be able to bill for NP time at CC	\$82.90	\$58.85
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: \$1436.10 + incentive payment of \$300 (Responsible GP incentive) + \$130 (practice incentive) = \$1866.10 (noting incentive paid quarterly). Please note: <a href="#">Bulk billing incentives</a> (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 Item 731 OR 232 is suggested to be claimed in quarter one of the care planning cycle for a resident for the following reasons:

- As a contribution to plan prepared by aged care facility, a 731/232 requires coordination with the aged care facility to develop, providing an ideal opportunity to establish an ongoing collaborative relationship with the aged care home's clinical team.
- MBS 731/232 is required to be billed prior to Practice nurse/ Aboriginal &/or Torres Strait Islander Health Practitioner Item MBS 10997, and individual allied health MBS items (chronic disease management items for Podiatry, Dietitian, Physio, Ex Phys, Occupational Therapy, etc). Claiming 731/232 in quarter one ensures practice and allied health providers can access and claim MBS items related to services operating as a multidisciplinary team.

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).

## MBS Bulk Billing

[MBS Online - Bulk Billing in General Practice from 1 November 2023](#)

[RACGP Fact sheet - bulk billing](#)

[Upcoming Changes to Bulk Billing Incentives in General Practice | Australian Government Department of Health and Aged Care](#)

PHNs have jointly developed this resource through the National PHN MyMedicare Implementation Program and the PHN Cooperative. This document has been edited from Version 5, published on 1 April 2025. The next review of the resource is due October 2025.