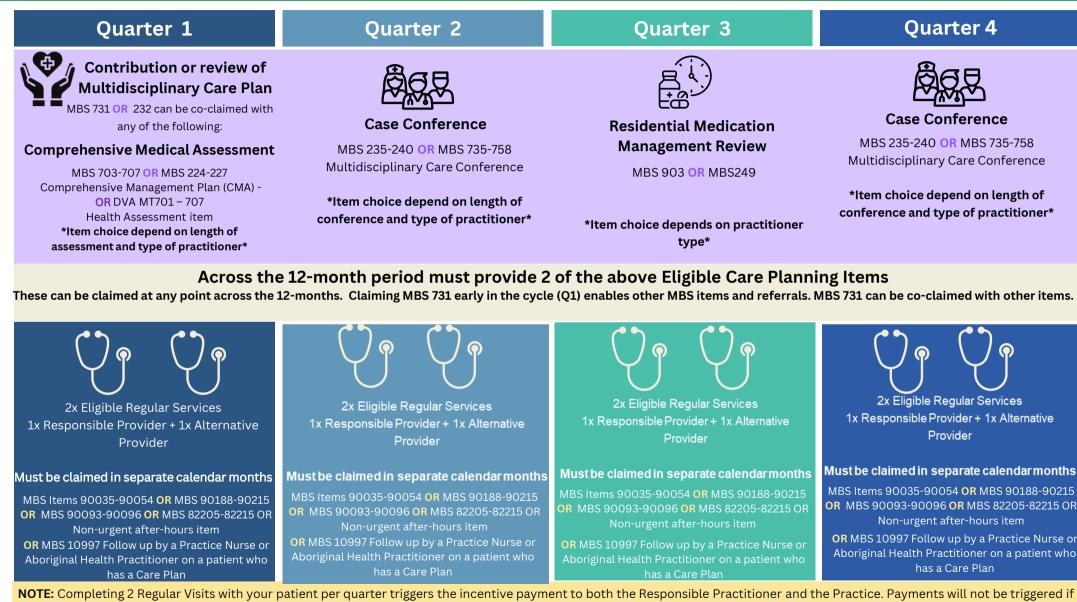


GPACI RACH Visits - Sample Schedule - RESPONSIBLE PROVIDER + OTHER CARE TEAM MEMBERS

Other GP / Prescribed medical practitioner / Nurse practitioner / Practice Nurse / Aboriginal &/or Torres Strait Islander Health Practitioner



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. **MBS731 MUST** have been billed before the follow up items can be completed by a Practice Nurse or Aboriginal &/or Torres Strait Islander Health Practitioner.

Example Annual Cycle inc. estimated billing - Responsible Provider + Other Team Members (other GP or NP or Practice Nurse or Aboriginal &/or Torres Strait Islander Health Practitioner)

National MyMedicare PHN Implementation Program



	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 Practice Nurse/ Health Practitioner MBS 10997	Eligible Care Planning Item Case Conference MBS743 40+Mins	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Practice Nurse/ Health Practitioner MBS 10997
\$80.20 + \$216.80 = \$297	\$82.90	\$13.65	\$229.65	\$82.90	\$13.65
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 f 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 Practice Nurse/ Health Practitioner MBS 10997	Eligible Care Planning Item Case Conference MBS743 40+Mins	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Practice Nurse/ Health Practitioner MBS 10997
\$120.80	\$82.90	\$13.65	\$229.65	\$82.90	\$13.65
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	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: \$1263.30+ incentive payment of \$300 (Responsible GP incentive) + \$130 (practice incentive) = \$1693.30(noting incentive paid quarterly). Please note: <u>Bulk billing incentives</u> (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.

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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.

