

GP Aged Care Incentive (GPACI) MBS User Guide



The General Practice in Aged Care Incentive (GPACI) provides incentive payments to general practices and general practitioners for delivering regular visits and care planning to permanent residents living in residential aged care. The new incentive aims to strengthen and formalise relationships between residents and their primary care provider, or general practice.

The purpose of this resource is to support General Practices to plan their delivery of care for the GPACI and provide examples of how to use MBS items to meet the requirements of this incentive. **To use the guide in your practice, simply select the Sample Schedule (pg. 3 – 8) and Example Annual Cycle billing scenario (pg. 12 –15) that best suits your practice team and setting.**

This resource demonstrates the potential use of MBS items related to the GPACI. For a full explanation of each MBS item please refer to MBS online. <https://www.mbsonline.gov.au/>. Note that MBS items in the examples outlined must be billed by providers whose provider numbers are associated with the General Practice to count toward GPACI service requirements. Estimated billing examples on pg. 10 – 14 do not include triple bulk billing and practices are encouraged to add this for their MMM area as applicable. An example of triple bulk billing is provided on pg. 15 for illustrative purposes for an MMM 4 practice.

The planning and delivery of care to a patient should above all consider a patient's need, which may require a patient's GP or care team delivering services beyond the minimum GPACI servicing requirements. Attention should be taken to meet all legislative requirements of MBS and DVA items. Providers and practices must ensure the delivery of services does not conflict with requirements of any other programs or legislation.

Disclaimer: This resource outlines some examples of how General Practice can utilise GPACI MBS Items and Care to enable the incentive payments under the program, General Practices are advised that this resource does not cover all scenarios or scheduling of MBS items to meet GPACI service payments. General Practices or Aboriginal Community Controlled Health Organisations should consider their unique model of care, team structure and business model when planning or considering the GPACI. General Practices are encouraged to refer to the GPACI Guidelines on DoHAC website for more information: <https://www.health.gov.au/our-work/gpaci>

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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



2x Eligible Regular Services

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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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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





Item choice depend on length of consultation and type of practitioner

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.







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

Other GP / Prescribed medical practitioner / Nurse practitioner

Quarter 1	Quarter 2	Quarter 3	Quarter 4
 <p>Contribution or review of Multidisciplinary Care Plan</p> <p>MBS 731 OR 232 can be co-claimed with any of the following:</p> <p>Comprehensive Medical Assessment</p> <p>MBS 703-707 OR MBS 224-227 Comprehensive Management Plan (CMA) - OR DVA MT701 – 707 Health Assessment item</p> <p>*Item choice depend on length of assessment and type of practitioner*</p>	 <p>Case Conference</p> <p>MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference</p> <p>*Item choice depend on length of conference and type of practitioner*</p>	 <p>Residential Medication Management Review</p> <p>MBS 903 OR MBS249</p> <p>*Item choice depends on practitioner type*</p>	 <p>Case Conference</p> <p>MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference</p> <p>*Item choice depend on length of conference and type of practitioner*</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</p> <p>Must be claimed in separate calendar months</p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR MBS 82205-82215 OR non-urgent after-hours items</p> <p>*Item choice depend on length of consultation and type of practitioner*</p>	 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider</p> <p>Must be claimed in separate calendar months</p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR MBS 82205-82215 OR non-urgent after-hours items</p> <p>*Item choice depend on length of consultation and type of practitioner*</p>	 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider</p> <p>Must be claimed in separate calendar months</p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR MBS 82205-82215 OR non-urgent after-hours items</p> <p>*Item choice depend on length of consultation and type of practitioner*</p>	 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider</p> <p>Must be claimed in separate calendar months</p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR MBS 82205-82215 OR non-urgent after-hours items</p> <p>*Item choice depend on length of consultation and type of practitioner*</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.

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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

Quarter 1	Quarter 2	Quarter 3	Quarter 4
 <p>Contribution or review of Multidisciplinary Care Plan MBS 731 OR 232 can be co-claimed with any of the following:</p> <p>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*</p>	 <p>Case Conference MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference *Item choice depend on length of conference and type of practitioner*</p>	 <p>Residential Medication Management Review MBS 903 OR MBS249 *Item choice depends on practitioner type*</p>	 <p>Case Conference MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference *Item choice depend on length of conference and type of practitioner*</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</p> <p>Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR MBS 82205-82215 OR Non-urgent after-hours item OR MBS 10997 Follow up by a Practice Nurse or Aboriginal Health Practitioner on a patient who has a Care Plan</p>	 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider</p> <p>Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR MBS 82205-82215 OR Non-urgent after-hours item OR MBS 10997 Follow up by a Practice Nurse or Aboriginal Health Practitioner on a patient who has a Care Plan</p>	 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider</p> <p>Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR MBS 82205-82215 OR Non-urgent after-hours item OR MBS 10997 Follow up by a Practice Nurse or Aboriginal Health Practitioner on a patient who has a Care Plan</p>	 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider</p> <p>Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR MBS 82205-82215 OR Non-urgent after-hours item OR MBS 10997 Follow up by a Practice Nurse or Aboriginal Health Practitioner on a patient who has a Care Plan</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. **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.







GPACI RACH Visits - Sample Schedule - RESPONSIBLE PROVIDER VISITING ONLY

Practicing in MMM 4-7 where telehealth appointments can be used as follow up

Quarter 1	Quarter 2	Quarter 3	Quarter 4
 <p>Contribution or review of Multidisciplinary Care Plan</p> <p>MBS 731 OR 232 can be co-claimed with any of the following:</p> <p>Comprehensive Medical Assessment</p> <p>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*</p>	 <p>Case Conference</p> <p>MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference</p> <p>*Item choice depend on length of conference and type of practitioner*</p>	 <p>Residential Medication Management Review</p> <p>MBS 903 OR MBS249</p> <p>*Item choice depends on practitioner type*</p>	 <p>Case Conference</p> <p>MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference</p> <p>*Item choice depend on length of conference and type of practitioner*</p>

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

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 <p>2x Eligible Regular Services</p> <p>Must be claimed in separate calendar months</p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR non-urgent after-hours item OR Can use MBS 91800 - 91803 Telehealth Service as follow up appointment in the quarter</p>	 <p>2x Eligible Regular Services</p> <p>Must be claimed in separate calendar months</p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR non-urgent after-hours item OR Can use MBS 91800 - 91803 Telehealth Service as follow up appointment in the quarter</p>	 <p>2x Eligible Regular Services</p> <p>Must be claimed in separate calendar months</p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR non-urgent after-hours item OR Can use MBS 91800 - 91803 Telehealth Service as follow up appointment in the quarter</p>	 <p>2x Eligible Regular Services</p> <p>Must be claimed in separate calendar months</p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR non-urgent after-hours item OR 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.

Note this visiting schedule is only relevant for practitioners in MMM4-7 areas. Can claim up to 4 telehealth consults across the 12-months







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>Contribution or review of Multidisciplinary Care Plan</p> <p>MBS 731 OR 232 can be co-claimed with any of the following:</p> <p>Comprehensive Medical Assessment</p> <p>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*</p>	 <p>Case Conference</p> <p>MBS 235-24 OR MBS 735-758 Multidisciplinary Care Conference</p> <p>*Item choice depend on length of conference and type of practitioner*</p>	 <p>Residential Medication Management Review</p> <p>MBS 903 OR MBS249</p> <p>*Item choice depends on practitioner type*</p>	 <p>Case Conference</p> <p>MBS 235-24 OR MBS 735-758 Multidisciplinary Care Conference</p> <p>*Item choice depend on length of conference and type of practitioner*</p>

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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**

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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
+ Practicing in MMM 4-7 where telehealth appointments can be used as follow up

Quarter 1	Quarter 2	Quarter 3	Quarter 4
 <p>Contribution or review of Multidisciplinary Care Plan</p> <p>MBS 731 OR 232 can be co-claimed with any of the following:</p> <p>Comprehensive Medical Assessment</p> <p>MBS 703-707 OR MBS 224-227 Comprehensive Management Plan (CMA) - OR DVA MT701 - 707 Health Assessment item</p> <p>*Item choice depend on length of assessment and type of practitioner*</p>	 <p>Case Conference</p> <p>MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference</p> <p>*Item choice depend on length of conference and type of practitioner*</p>	 <p>Residential Medication Management Review</p> <p>MBS 903 OR MBS249</p> <p>*Item choice depends on practitioner type*</p>	 <p>Case Conference</p> <p>MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference</p> <p>*Item choice depend on length of conference and type of practitioner*</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. **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.

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 by a GP	90035	90043	90051	90054
RACF/RACH visit *after hours by 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

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.

On the following pages are some example annual billing/claiming cycles using GPACI MBS items. 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 Billing Examples

Bulk Billing and Triple Bulk Billing MBS Incentives: Billing examples on pages 12 – 15 *do not* include MBS Bulk Billing Incentives. Bulk Billing Incentive amounts differ between MMM areas.

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; the billed amount for each patient may be higher or lower than examples provided.

Bulk Billing

For more information on Bulk Billing follow the links or scan the QR codes below.



[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](#)







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)			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.		

Example Annual Cycle inc. estimated billing - Responsible Provider Only

MMM4-7

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 91801 20+ mins 	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 91801 20+ mins 
\$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,	This item represents a telehealth appt. Other items are available for shorter or longer regular visits, after hours and face to face.	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	This item represents a telehealth appt. Other items are available for shorter or longer regular visits, after hours and face to face.
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 91801 20+ mins 	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 91801 20+ mins 
\$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	This item represents a telehealth appt. Other items are available for shorter or longer regular visits, after hours and face to face.	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	This item represents a telehealth appt. Other items are available for shorter or longer regular visits, after hours and face to face.
Annual Billed Amount in this example: \$1540.30 + incentive payment of \$300 (Responsible GP incentive) + \$130 (practice incentive) = \$1970.30 (noting incentive paid quarterly)			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.		

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
Eligible Care Planning Item MBS 731 + MBS 705	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Nurse Practitioner MBS 82210 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 Nurse Practitioner MBS 82210 20-40min
\$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
Eligible Care Planning Item - Med Review MBS 903	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Nurse Practitioner MBS 82210 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 Nurse Practitioner MBS 82210 20-40min
\$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)			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.		

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)

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 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 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 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: \$1263.30+ incentive payment of \$300 (Responsible GP incentive) + \$130 (practice incentive) = \$1693.30(noting incentive paid quarterly)			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.		

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.

Review of the original National PHN MyMedicare branded resource will occur ~6 monthly or as required due to changing GPACI MBS items or policy.

This document is Version 5, published on 1 April 2025. The next review of the resource is due October 2025.

Printed copies of this resource are uncontrolled and may not contain the most up to date information.
If you have any feedback on this resource, please contact PHNMyMedicare@brisbanenorthphn.org.au