



Fact Sheet Version 4 / November 2023

MBS Attendance Items in Residential Aged Care Facilities General Practitioner or Other Medical Practitioner

The Medicare Benefit Schedule (MBS) items for use in residential aged care facilities (RACFs) relate to patients who are residents of accredited aged care facilities, rather than those in informal community care.

The MBS attendance items are only for Medicare-eligible general practitioners (GPs) and other medical practitioners (OMPs) providing primary care services in RACFs. Doctors employed by RACFs cannot claim the items, nor can specialists, consultant physicians, nurses or other allied health professionals.

Attendance Consultation Items

The MBS item numbers for attendance consultations in RACFs were updated in 2019. The current consultation numbers are based on levels A, B, C and D, which are similar to those that apply in a regular general practice setting. However, there are flag fall/call out MBS item numbers that provide an incentive for GPs and OMPs to visit RACFs. It is important to note that the flag fall/call out items are for the initial attendance at one RACF, on one occasion, applicable only to the first patient seen on the RACF visit.

The flag fall/call out items cannot be billed with existing derived fee services, including after hours or telehealth services, nor can they be billed with urgent after-hours items. In addition, bulk billing (items 10990 and 10991) and rural incentives apply only to attendance items, not to the flag fall/call out items 90001 and 90002.

For further information, refer to MBS Notes AN.35.1 (GPs) and AN.35.2 (OMPs).

Further information

- This fact sheet is one of six Practice Assist fact sheets that provide information about MBS items for care recipients in RACFs. Further information can be found on the <u>Practice Assist website</u>.
- The full item descriptor(s) and information on other changes to the MBS can be viewed on the <u>MBS Online website</u>, where you can also subscribe to future MBS updates by clicking 'subscribe'.
- The Department of Health provides email advice for providers about the interpretation of the MBS items and rules, and the Health Insurance Act and associated regulations. If you have a query relating exclusively to the interpretation of the MBS, email <u>askMBS@health.gov.au</u>
- To receive regular updates, subscribe to <u>News for health professionals</u> on the Services Australia website.

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Bulk Billing Incentive Item Numbers for GP and OMP

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• The Modified Monash Model (MMM) classifications can be viewed at the <u>Modified Monash</u> <u>Model locator</u>.

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Item Description	Item Number	Modified Monash Model (MMM)
NEW	75870	Modified Monash Model 1
Triple Bulk Billing Incentive	75871	Modified Monash Model 2
For patients U16 years or a concessional	75872	Modified Monash Model 3
beneficiary for services provided where	75873	Modified Monash Model 4
not admitted to hospital and service is bulk billed.	75874	Modified Monash Model 5
This item can be claimed with face-to-face	75875	Modified Monash Model 6
level B, C, D and E general attendance items, and level B telehealth and telephone general attendance items	75876	Modified Monash Model 7
NEW MyMedicare Bulk Billing Items	75880	Modified Monash Model 1
MyMedicare service is provided to	75881	Modified Monash Model 2
MyMedicare enrolled patient.	75882	Modified Monash Model 3 and 4
MyMedicare Telehealth Triple Incentive	75883	Modified Monash Model 5
For patients U16 years or a concessional	75884	Modified Monash Model 6
beneficiary for services provided where not admitted to hospital and service is bulk billed.	75885	Modified Monash Model 7
This item can be claimed with level C, D, and E telehealth general attendance items, and level C and D telephone general attendance items, where the patient is registered with MyMedicare		
Bulk billing incentives for patients U16	10990	Modified Monash Model 1
years or a concessional beneficiary	10991	Modified Monash Model 2
Not related to My Medicare registration or eligible item numbers. See <u>MBS Quick</u>	75855	Modified Monash Model 3 and 4
	75856	Modified Monash Model 5
reference tables	75857	Modified Monash Model 6
	75858	Modified Monash Model 7

Flag Fall/Call Out Item Numbers for GP and OMP

- These items are applicable if the patient is a care recipient in a residential aged care facility.
- Items are available for face-to-face attendances.

Item Description	Item Number
GP – Vocationally Registered (VR)	90001
Other Medical Practitioner (OMP) including non-VR GP	90002

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Consultation Item Numbers for GP

- These items are applicable if the patient is a care recipient in a residential aged care facility.
- Items are available for face-to-face attendances and claimable for each patient seen on one occasion.

Item Description	Item Number
Level A	90020
Level B	90035
Level C	90043
Level D	90051

Consultation Item Numbers for OMP

- These items are applicable if the patient is a care recipient in a residential aged care facility.
- Items are available for face-to-face attendances and claimable for each patient seen on one occasion.
- The Modified Monash Model (MMM) classifications can be viewed at the <u>Modified Monash</u> <u>Model locator</u>.

Item Description	Item Number
< 5 minutes	90092
5 to 25 minutes	90093
25 to 45 minutes	90095
> 45 minutes	90096
< 5 minutes - MMM 2-7	90183
5 to 25 minutes - MMM 2-7	90188
25 to 45 minutes - MMM 2-7	90202
> 45 minutes - MMM 2-7	90212

Comprehensive Medical Assessment Attendances

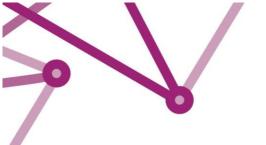
It is recommended that a comprehensive medical assessment should be performed within six weeks of admission to an RACF and annually thereafter. Refer to MBS Note <u>AN.0.40</u> for eligibility and requirements.

Comprehensive Medical Assessment Item Numbers for GP and OMP

- Medical assessment of eligible patient on admission to a residential aged care facility.
- One every 12 months.

Item Description	Item Number
< 30 minutes	701
30 to 40 minutes	703
45 to 60 minutes	705
> 60 minutes	707
GP contribution to or review of multidisciplinary care plan	731

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Multidisciplinary Case Conference Attendances

Multidisciplinary case conferences can be held to ensure that the patient's care needs are met through a planned and coordinated approach. Refer to MBS Note <u>AN.0.49</u> for eligibility and requirements.

GP or OMP Arranged – Multidisciplinary Case Conference Item Numbers			
Item Description	Item Number		
15 to 20 minutes	735		
20 to 40 minutes	739		
> 40 minutes	743		

GP or OMP as a Participant – Multidisciplinary Case Conference Item Numbers			
Item Description	Item Number		
15 to 20 minutes	747		
20 to 40 minutes	750		

Residential Medication Management Review Attendances

A residential medication management review is a collaborative service available to permanent residents of RACFs. Refer to MBS Notes <u>AN.0.52</u> (GPs) and <u>AN.7.18</u> (OMPs) for eligibility and requirements.

Residential Medication Management Review Item Numbers		
Item Description	Item Number	
GP – Vocationally Registered (VR)	903	
Other Medical Practitioner (OMP)	249	

Home Visits

Where a medical practitioner attends a patient in a self-contained unit within an RACF complex, the attendance attracts benefits under the appropriate home visit item.

Home Visit Items for GP (Derived Fee)			
Item Description Item Number			
Level A	4		
Level B	24		
Level C	37		
Level D	47		
Home Visit Items for OMP (Derived Fee)			
Item Description	Item Number		
< 5 minutes	58		
5 to 25 minutes	24		
25 to 45 minutes	37		
> 45 minutes	65		

After Hours Attendances

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WA Primary Health Alliance is supported by funding from the Australian Government under the PHN Program. Rural Health West is funded by the Australian Government and WA Country Health Service.

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice. Disclaimer: While the Australian Government has contributed funding support for this resource the information contained within it does not necessarily represent the views or policies of the Australian Government and has not been endorsed by the Australian Government.





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After hours attendances are differentiated as urgent or non-urgent. The items listed below are for the specified time periods, level of urgency and locations other than consulting rooms, which includes RACF locations.

Refer to MBS Note AN.0.19 for definitions and further information.

After Hours – Non-Urgent Attendances Item Numbers for GP and OMP (Derived Fee)						
			Item GP	Details	Item OMP	Details
Mon to Fri	Sat	Sun and public	5010	Level A	5260	< 5 minutes
Before 8am or after	Before 8am or after	holidays All day	5028	Level B	5263	5 to 25 minutes
6pm	12pm		5049	Level C	5265	25 to 45 minutes
			5067	Level D	5267	> 45 minutes
After Hours – Urgent Attendances Item Numbers for GP and OMP						
			Item GP	Details	Item OMP	Details
Mon to Fri 7am - 8am	Sat 7am - 8am	Sun and public holidays	585	1st patient	588	1st patient MMM 2 to 7
or 6pm - 11pm	or 6pm - or 12pm - 7am - 11pm	7am - 11pm			591	1st patient MMM 1
			594	Additional patients after 585	594	Additional patients after 588 or 591
Uı	Unsociable Hours – Urgent Attendances Item Numbers for GP and OMP					
			Item GP		Item OMP	
Mon to Fri 11pm - 7am	Sat 11pm - 7am	Sun and public holidays 11pm - 7am	599		600	

Current Fees

For the current fees associated with the item numbers in this fact sheet, visit the <u>MBS Online website</u> and search for the applicable item number. For item numbers that are calculated on a derived fee basis (dependent on the number of patients seen at the location), refer to the item number Ready Reckoner for fee calculations.

Mental Health Treatment Plans and Chronic Disease Management

For information about the MBS item numbers for Mental Health Treatment Plans and Chronic Disease Management in RACFs, refer to the Practice Assist fact sheets on the MBS page of the Practice Assist Tool Kit.

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice. Source: www.mbsonline.gov.au (November 2023) – refer to source for full item details including eligibility and restrictions. "75% and/or 85%/100% rebate also applies to some of these item numbers. "Refer to MBS (Medicare Benefit Schedule) for full patient eligibility guide/ines.

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