

MBS items to support a planned palliative approach in general practice and residential aged care

A planned palliative approach will benefit patients with a progressive chronic condition, who have recent or persistent decline in their health and meet the following prognostic indicator outlined below:

Prognostic indicator

As a prompt to start planned palliative care, use the following “surprise” question:

Would you be surprised if this patient dies in the next year?

Note: It is unhelpful to try to predict a date in discussion with the patient and family.

A planned palliative approach aims to complement existing care arrangements, focusing on symptomatic management, and promotes quality of life for the patient until death.

When providing a planned palliative approach to patients in general practice and residential aged care, the services and care arrangements are at the discretion of the treating General Practitioner.

Patients in general practice

As a guide, the practice team can refer to the [general practice 12-month suggested time frame for palliative care \(page 2\)](#) with Medicare initiatives and MBS items.

The practice team can also assist in the following ways:

- Ask the practice nurse to assist the GP with planning palliative care services.
- Use validated assessment tools such as [Symptom Assessment Scale \(SAS\)](#) and the [Australia - modified Karnofsky Performance Status \(AKPS\)](#).
- Set up reminders for [chronic condition management \(CCM\)](#), case conferences and advance care planning (ACP).
- Schedule longer appointments for planned services.
- Discuss ACP in health assessments and [GP Chronic Conditions Management Plan \(GPCCMP\)](#).
- Address unplanned care needs in general consults.

MyMedicare

[MyMedicare](#) is a voluntary patient registration model, aiming to formalise the relationship between patients, their general practice, GP and primary care teams.

Registration for MyMedicare is voluntary for patients, practices and providers. To find out more about the benefits of MyMedicare, [click here](#).

From 1 July 2025, patients registered through MyMedicare are required to access the GPCCMP and review items through the practice where they are registered, with other patients continuing to access the items through their usual GP. For more information, [click here](#) or view the [RACGP Changes to CDM Framework - FAQs](#)

Patients in residential aged care

As a guide, the practice team can refer to the [residential aged care 12-month suggested time frame for palliative care \(page 4\)](#) with Medicare initiatives and MBS items.

The practice team can also assist in the following ways:

- Ensure decisions for a palliative approach are discussed with facility staff.
- Ask the practice nurse to assist the GP with planning palliative care services.
- Set up reminders for care planning, case conferences and ACP.
- Schedule longer appointments for planned services.
- Discuss ACP in comprehensive medical assessments.
- Address unplanned care needs in general consults.

General Practice in Aged Care Incentive

The MyMedicare [General Practice in Aged Care Incentive \(GPACI\)](#) aims to support more regular, planned care to be delivered in residential aged care homes (RACHs). It replaces the PIP GP Aged Care Access Incentive which ceased on 31 July 2024.

Rural loadings, flag fall items and bulk billing incentives apply to eligible visits to an aged care resident. For more information, [click here](#).

Eligible providers and practices registered with [MyMedicare](#) will be able to receive quarterly incentive payments for meeting the [GPACI](#) eligibility and servicing requirements. For further information, [click here](#).

Further information

- [MyMedicare - Practice Assist](#)
- [Clinician Assist WA](#)
- [General practice 12-month suggested time frame for palliative care \(page 2\)](#)
- [Residential aged care 12-month suggested time frame for palliative care \(page 4\)](#)

Patients in general practice

12-month suggested time frame for palliative care

Time frame	Medicare initiative	Activities	MBS GP item	MBS PMP item
1st week	Over 75 Year Health Assessment	Select relevant items based on complexity and practice nurse's and GP's time. Discuss advance care planning (ACP) and/or a palliative care approach.	701, 703, 705, 707	224, 225, 226, 227
	Health Assessment for Aboriginal and Torres Strait Islander people	Health assessment for a patient of Aboriginal or Torres Strait Islander descent, provided by a GP (not more than once in a 9-month period). Discuss ACP and/or a palliative care approach. Practice nurses, Aboriginal health workers or Aboriginal and Torres Strait Islander health practitioners may assist the GP in performing health assessments.	715	228
2nd week	GP Chronic Condition Management Plan (GPCCMP)	For patients with chronic condition, include a discussion about ACP and/or a palliative care approach. Unless exceptional circumstances apply, a GPCCMP can be prepared once every 12 months if it is clinically relevant to do so. It is not required that a new plan be prepared each year, existing plans can continue to be reviewed.	965	392
	GPCCMP – video attendance	Preparation of GPCCMP via video attendance. Conditions and eligibility as per in-person attendance above.	92029	92060
3rd week	GP Mental Health Treatment Plan	Select the relevant item depending on time and the GP's training, as per Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria. Refer to MBS Note AN.0.56	2700 - 2717	272, 276, 281, 282
	GP Mental Health Treatment Plan – video attendance	Video attendance as per conditions and eligibility for in-person, as above. Refer to MBS Note AN.0.56	92112, 92113, 92116, 92117	92122, 92123, 92118, 92119
1st month	Case Conference	Opportunity for holistic informed approach to ongoing care for providers, carers and family. Organised by the GP, time dependent requires the GP and at least 2 other providers (e.g. palliative care specialist) in real time.	739, 743, 747	235, 236, 237
2nd month	Domiciliary Medication Management Review (DMMR) /Home Medicines Review (HMR)	Referral to an eligible pharmacist to ensure optimal management of a patient with 5 or more medications and/or complexity. Note: From 1 July 2027, only patients with a GP chronic condition management plan (GPCCMP) will be eligible.	900	245
3rd month	GPCCMP review	3 monthly review promotes proactive coordinated patient care. Include ACP discussion and/or review of existing ACP documentation.	967	393
	GPCCMP review – video attendance	Video attendance as per conditions and eligibility for in person review, as above.	92030	92061
Time frame continued on the next page				

For eligibility, service components and remuneration details of the MBS items, refer to [MBS Online](#).
Information about changes to bulk billing is available via [Bulk Billing Changes 1 November 2025](#), [Better Access Changes from 1 November 2025](#) and [Bulk Billing Incentives in General Practice](#).

WWW.PRACTICEASSIST.COM.AU

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.*

Time frame	Medicare initiative	Activities	MBS GP item	MBS PMP item
4th month	Long consultation	To complete ACP documentation, after earlier discussions. Level D or E.	44, 123	57,151
5th month	Mental Health Consultations and GP MHTP reviews using standard consultation items. Where these services are bulk billed, the tripled bulk billing incentive can be claimed.	4 weeks to 6 months after the preparation of the plan, review the referral feedback and progress against goals.	44, 123	57,151
6th month	GPCCMP review	3 monthly review promotes proactive coordinated patient care. Include ACP discussion and/or review of existing ACP documentation.	967	393
	GPCCMP review – video attendance	Video attendance as per conditions and eligibility for in person review, as above.	92030	92061
8th month	Case Conference	Organised by the GP, time dependent, for the GP and 2 other providers in real time.	735, 739, 743	235, 236, 237
9th month	GPCCMP review	3 monthly review promotes proactive coordinated patient care. Include ACP discussion and/or review of existing ACP documentation.	967	393
	GPCCMP review – video attendance	Video attendance as per conditions and eligibility for in person review, as above.	92030	92061
During the 12 months	Practice nurse care plan monitoring or Aboriginal and Torres Strait Islander health practitioner	5 services per patient in a calendar year, where a GPCCMP is in place. Note: Patients can continue to access services provided through MBS item 10997 and its equivalents (93201 – video attendance, or 93203 – phone attendance) under existing GPMPs and TCAs until 30 June 2027.	10997, 93201 (video), 93203 (phone)	10997, 93201 (video), 93203 (phone)
	Professional attendance by a nurse practitioner	Relevant item based on complexity and nurse practitioner's time.	82200, 82205, 82210, 82215	N/A
	Professional attendance by a nurse practitioner – video and phone	Relevant item based on complexity and nurse practitioner's time.	91192, 91178, 91179, 91180 (video) 91193, 91189, 91190, 91191 (phone)	N/A
	Follow-up service	Provided by a practice nurse or Aboriginal and Torres Strait Islander health practitioner for an Indigenous person who has had a health assessment. Maximum 10 services per patient in a calendar year.	10987	10987
After 12 months	Repeat the health assessment, GPCCMP and reviews, where clinically required, and review ACP conversation/documentation.		As above	

For eligibility, service components and remuneration details of the MBS items, refer to [MBS Online](#).
Information about changes to bulk billing is available via [Bulk Billing Changes 1 November 2025](#), [Better Access Changes from 1 November 2025](#) and [Bulk Billing Incentives in General Practice](#).

WWW.PRACTICEASSIST.COM.AU

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.*

Patients in residential aged care

12-month suggested time frame for palliative care

Time frame	Medicare initiative	Activities	MBS GP item	MBS PMP item
1st week	Comprehensive Medical Assessment (CMA)	On admission, then annually, identify who is appointed to assist with health care decisions for patients who do not have capacity for palliative care discussions. Select the relevant item based on complexity and the practice nurse's and GP's time. Assess ACP documentation.	701, 703, 705, 707	224, 225, 226, 227
	<u>Residential Medication Management Review (RMMR)</u>	Referral to an eligible pharmacist to ensure optimal management of a patient with 5 or more medications and/or complexity.	903	249
2nd week	GP Mental Health Treatment Plan	Select the relevant item depending on time and the GP's training, as per Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria. Refer to <u>MBS Note AN.0.56</u>	2700, 2701, 2715, 2717	272, 276, 281, 282
	GP Mental Health Treatment Plan – video attendance	Video attendance as per conditions and eligibility for in person, as above. Refer to <u>MBS Note AN.0.56</u>	92112, 92113, 92116, 92117	92122, 92123, 92118, 92119
1st month	Care Plan Contribution	For patients with chronic disease, the GP contributes to the facility's plan. The GP's contribution entitles the patient to Medicare allied health services, 5 per calendar year.	731	232
	Care Plan Contribution – video attendance	Video attendance as per conditions and eligibility, as above.	92027	92058
2nd month	Multidisciplinary Case Conference	Opportunity for holistic informed approach to ongoing care for providers, carers, and family. Organised by the GP, time-dependent requires the GP and at least 2 other providers (e.g. palliative care specialist) in real time.	739 - 750	235 - 240
4th month	Long consultation	To complete an Advance Health Directive (WA document) after earlier discussions. Level D or E. MBS item 90001 provides a call-out fee for the initial attendance by the GP at one residential aged care home (RACH), on one occasion, applicable only to the first patient seen on the RACH visit.	90051, 90054 90001	57, 151
5th month	Mental Health Consultations and GP MHTP reviews using standard consultation items. Where these services are bulk billed, the tripled bulk billing incentive can be claimed.	4 weeks to 6 months after the preparation of the plan, review the referral feedback and progress against goals.	44, 123	57, 151
6th month	Care Plan Contribution	Review of the facility's multidisciplinary plan and the GP's contribution.	731	232
8th month	Case Conference	Organised by the GP, time dependent, for the GP and 2 other providers in real time.	735, 739, 743	235, 236, 237
After 12 months	Repeat the CMA, case conferences and care plan contributions, where clinically required, and review ACP documentation.		As above	

For eligibility, service components and remuneration details of the MBS items, refer to [MBS Online](#).
Information about changes to bulk billing is available via [Bulk Billing Changes 1 November 2025](#), [Better Access Changes from 1 November 2025](#) and [Bulk Billing Incentives in General Practice](#).

WWW.PRACTICEASSIST.COM.AU

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.*