



RACF FREQUENTLY USED ITEM NUMBERS

January 2024

Introduction

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

MBS attendance items are only for Medicare-eligible 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.

General practices, see: [RACGP aged care clinical guide \(Silver Book\)](#) for common clinical conditions, general and organisation approaches to aged care.

NB: for the most current remuneration and updated item descriptors, refer to [MBS Online](#).

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, D, which are similar to those that apply in a regular general practice setting. However, there are also flag fall/call out MBS item numbers, which 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 to be 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.

Flag fall/call out item numbers for GP and OMP

- Applicable if the patient is a care recipient in a RACF.
- Items are available for face-to-face attendances.

Item	Type of practitioner
90001	GP – Vocationally Registered (VR)
90002	Other Medical Practitioner (OMP) including Non-VR GP

Consultation item numbers for GP - RACF

- Applicable if the patient is a care recipient in an RACF.
- Items are available for face-to-face attendances and claimable for each patient seen on one occasion.

Item	Details	Description – during business hours
90020	Level A	Brief
90035	Level B	<20 mins
90043	Level C	>/=20 mins
90051	Level D	>/= 40 mins

Item	Details	Description – Public holidays, Sundays before 8am or after 12 noon on Saturday; before 8am or after 6pm on any other day
5010	Level A	Min. 6 mins
5028	Level B	20 mins
5049	Level C	20+ mins
5067	Level D	40+ mins
5077	Level E	60+ mins

For a comprehensive explanation of each MBS item number, refer to: [MBS Online](#)

Bulk billing incentive item numbers for GP and OMP

Item	Details
10990	Bulk billing incentive for under 16s or Commonwealth concession card holder in areas classified as MMM 1
10991	Bulk billing incentive for under 16s or Commonwealth concession card holder in areas classified MMM 2-7

If needed, view the: [Modified Monash Model \(MMM\) classification locator map](#)

Comprehensive medical assessment activities (CMA) for GP and OMP

It is recommended that a comprehensive medical assessment should be performed within six weeks of admission to an RACF and annually thereafter.

Required components:

CMA is time-based and requires assessment of the resident's health, physical and psychological function, and must include:

- obtaining and recording resident's consent
- information collection, including taking patient history and undertaking or arranging examinations, and investigations as required
- making an overall assessment of the patient
- recommending appropriate interventions
- providing advice and information to the patient
- keeping a record of the Health Assessment – CMA and offering the patient a written report about the health assessment, with recommendations about matters covered by the CMA.

Item	Name	Description	Recommended frequency
701	Brief Health Assessment	< 30 mins. Comprehensive Medical assessment for permanent residents of RACF. Available for new and existing residents.	<i>Not more than once yearly or significant change in condition or treatment (e.g. palliative care)</i>
703	Standard Health Assessment	30-44 mins. Incorporating Health Assessment – CMA.	<i>Not more than once yearly or significant change in condition or treatment (e.g. palliative care)</i>
705	Long Health Assessment	45 – 60 mins. Incorporating Health Assessment – CMA.	<i>Not more than once yearly or significant change in condition or treatment (e.g. palliative care)</i>
707	Prolonged Health Assessment	>60 mins. Incorporating Health Assessment – CMA.	<i>Not more than once yearly or significant change in condition or treatment (e.g. palliative care)</i>

Provision of a written summary of the outcomes of the Health Assessment – CMA for the resident's records, to inform the provision of care for the resident by the RACF and assist in the provision of Medication Review Services for the resident.

Item	Description
731	GP contribution to, or review of, a multidisciplinary care plan prepared by the RACF, at the request of the facility, for patients with a chronic or terminal condition and complex needs requiring ongoing care from a team including the GP and at least two other health or care providers. <i>Not more than once every three months</i>

Activities:

- Obtain and record resident's consent.
- Prepare part of the plan or amendments to the plan and add a copy to the patient's medical records.
- Or give advice to a person (e.g. nursing staff in RACF) who prepares or reviews the plan and record in writing, on the patient's medical records, any advice provided.

Multidisciplinary case conference attendances – GP or OMP as a participant

Multidisciplinary *Case Conferences* can be held to ensure that the patient's care needs are met through a planned and coordinated approach.

Item	Name	Description
735	Organise and coordinate a Case Conference	15-19 mins – GP organises and coordinates case conference in RACF or community or on discharge. For patients with a chronic or terminal condition and complex, multidisciplinary care needs.
739	Organise and coordinate a Case Conference	20-39 mins - GP organises and coordinates case conference in RACF or community or on discharge. For patients with a chronic or terminal condition and complex, multidisciplinary care needs.
743	Organise and coordinate a Case Conference	>40 mins - GP organises and coordinates case conference in RACF or community or on discharge. For patients with a chronic or terminal condition and complex, multidisciplinary care needs.

747	Participate in a Case Conference	15-20 mins - GP participates in a case conference in RACF or community or on discharge. For patients with a chronic or terminal condition and complex, multidisciplinary care needs.
750	Participate in a Case Conference	20-40 mins - GP participates in a case conference in RACF or community or on discharge. For patients with a chronic or terminal condition and complex, multidisciplinary care needs.
758	Participate in a Case Conference	40 mins - GP participates in a case conference in RACF or community or on discharge. For patients with a chronic or terminal condition and complex, multidisciplinary care needs.

Activities:

Time based items 735-743 organise, and coordinate requires:

- Obtain and record resident's consent.
- Record meeting details including date, start and end time, location, participant's names, all matters discussed and identified by team.
- Discuss outcomes with patient and carer and offer a summary of the conference to them and team members.
- Keep record in the patient's medical file.

Residential medication management review attendances

A residential medication management review (RMMR) is a collaborative service available to permanent residents of RACFs. An RMMR is a review of medications in collaboration with the pharmacist report, for residents at-risk of medication related problems or significant change in medical condition. The GP initiates RMMR with an accredited pharmacist for permanent residents (new or existing).

Item	Type of practitioner
903	GP – Vocationally Registered (VR)
249	Other Medical Practitioner (OMP)

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	Details
4	Level A
24	Level B
37	Level C
47	Level D

Home visit items for OMP (Derived fee)

Item	Details
58	< 5 minutes
24	5 to 20 minutes
37	At least 20 minutes
65	>45 minutes

Telehealth

MBS video and phone items are available to providers of telehealth services for a wide range of consultations. All Medicare eligible Australians can receive majority of these services if they have an established clinical relationship with a medical practitioner or medical practice. This is represented by MyMedicare or the *established clinical relationship requirement*. Some circumstances exist where the established clinical relationship requirement is waived.

For full item descriptor(s) and information on other changes to the MBS visit [MBS Online](#).

Video services are the preferred approach for substituting a face-to-face consultation. However, providers can also offer audio-only services via phone where clinically appropriate. There are separate items available for phone services.

The MBS video and phone items allow providers to deliver essential healthcare services to their patients while ensuring continued quality is provided by a medical practitioner who knows the patient's medical history.

Providers do not need to be in their regular practice to provide video or phone services, but they must ensure that eligibility requirements are met before providing video or phone services to the patient.

When providing a video or phone service outside a practice, providers should use their provider number relevant to the appropriate practice and must provide safe services in accordance with normal professional standards.

The MBS telehealth items have the same clinical requirements as the corresponding face-to-face consultation items and have the same MBS benefit.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

General Practitioner (GP) Services

As of 1 November 2023

Table 1: Standard GP services introduced on 13 March 2020

Service	Equivalent face to face Items	Telehealth items via video	Phone items only available with MyMedicare
Attendance for an obvious problem	3	91790	
Attendance at least 6 minutes but less than 20 minutes	23	91800	
Attendance at least 20 minutes	38	91801	91900
Attendance at least 40 minutes	44	91802	91910
Attendance at least 60 minutes	123	91920	

Table 2: Short and long GP phone consultations introduced on 1 July 2021

Service	Telephone items
Short consultation, less than 6 minutes	91890
Long consultation, 6 minutes or greater	91891

Table 3: Health assessment for Indigenous People introduced 30 March 2020

Service	Equivalent face to face Items	Telehealth items via video	Phone items
Health assessment	715	92004	

Table 4: Chronic Disease Management items introduced 30 March 2020

Service	Equivalent face to face Items	Telehealth items via video	Phone items
Preparation of a GP management plan (GPMP)	721	92024	

Nurse practitioner telehealth services – Group M18 – Subgroup 5 – 85% rebate

Item	Details	Description
91178	< 20 Minutes	Clinically relevant
91179	>20 minutes	Clinically relevant
91180	At least 40 minutes	Clinically relevant

General practice aged care (ACAI)

PIP GP Aged Care Access Initiative payments are based on a GP providing and claiming a required number of eligible MBS services in RACFs in a financial year.

Eligible GPs can receive two payments for the financial year. The payments are in addition to the consultation fee.

Tier 1 SIP	60 services required
Tier 2 SIP	140 services required

Please refer to the Medicare Benefits Schedule [MBS Online](#) for further information and comprehensive descriptions, as claiming conditions may apply.

DISCLAIMER: While reasonable efforts have been made to ensure that the contents of this document are factually correct, this document is provided on a general basis only.

REFERENCES: RACF Care and Medicare Billing Overview – PHN Western NSW; Desktop guide to Frequently Used MBS Item Numbers for Primary Health Care Services – PHN Central Queensland, Wide Bay, Sunshine Coast; MBS Attendance Items in Residential Aged Care Facilities – Practice Assist WAPA.