RACF care and Medicare billing overview



This quick guide is to assist general practice in understanding the Residential Aged Care Facility (RACF) and Medicare Benefits Schedule (MBS) items and incentives.

The full item descriptor and information relating to RACF attendance items can be found on the MBS website here > www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home

\$107.15

90051

Prolonged

RACF CONSULTATIONS – GP	FEE	ITEM
General practitioners can charge item numbe for initial attendance, on one occasion, applica patient seen. GPs are then able to claim a Leve RACF resident attended.	able only to th	ne first
Brief (Level A)	\$17.20	90020
Standard (Level B)	\$37.60	90035
Long (Level C)	\$72.80	90043

Prolong (Level D)

RACF CONSULTATIONS – MEDICAL PRACTITIONER MM1	FEE	ITEM
General practitioners can charge item number 90002 call-out fee \$40 for initial attendance, on one occasion, applicable only to the first		

patient seen. GPs are then able to claim a Level A to D items for each RACF resident attended.

Brief (Level A)	\$8.50	90092
Standard (Level B)	\$16.00	90093
Long (Level C)	\$35.50	90095
Prolong (Level D)	\$57.50	90096

RACF CONSULTATIONS – MEDICAL PRACTITIONER MM2–7	FEE	ITEM
General practitioners can charge item number for initial attendance, on one occasion, applica patient seen. GPs are then able to claim a Level A to D items for each RAC resident attended.	able only to th	

Brief (Level A)	\$13.75	90183
Standard (Level B)	\$30.10	90188
Long (Level C)	\$58.25	90202
Prolong (Level D)	\$85.70	90212

RACF AFTER HOURS CONSULTATIONS NON-URGENT	FEE	ITEM
Fees based on one patient seen. For more than one patient or non- vocationally registered item numbers, refer to MBS.		or non-
Mon–Fri: before 8am and after 6pm; Sat–Sun: 12noon–Mon 8am; public holiday: all day		
Brief	\$75.70	5010
Standard	\$95.70	5028
Long	\$130.65	5049

\$164.45

5067

RACF AFTER HOURS CONSULTATIONS URGENT	FEE	ITEM
For non-vocationally registered item numbers, refer to MBS.		
Mon–Fri: 7am–8am, 6pm–11pm; Sat: 7am–8am, 12 noon–11pm; Sun/public holiday: 7am–11pm		
Urgent after hours	\$129.80	585
Between 11pm and 7am		
Urgent unsociable hours	\$153	599

RACF COMPREHENSIVE MEDICAL ASSESSMENT (CMA)	FEE	ITEM
Undertake CMA on admission for new residents, or for existing permanent residents.		
Frequency: either once per 12 months, or significant change in condition or treatment (e.g. palliative care).		
Brief	\$59.35	701
Standard	\$137.90	703

Standard	\$137.90	703
Long	\$190.30	705
Prolonged	\$268.80	707

RACF care and Medicare billing overview (continued)

RESIDENTIAL MEDICATION MANAGEMENT REVIEW (RMMR)	FEE	ITEM
A 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. GP initiates RMMR with an accredited pharmacist for permanent residents (new or existing)		d problems
	\$106	903

GP CONTRIBUTE TO OR REVIEW A		
MULTIDISCIPLINARY	FEE	ITEM
CARE PLAN		

Requested to contribute to eligible multidisciplinary care plan, prepared by RACF or other provider.

GP's contribution is to give advice, prepare part of the plan or amendments to the plan, and add a copy to the resident's medical records.

Where clinically indicated, on submission of item 731 claim, residents may be eligible to access five allied health services in addition to those funded by RACF.

Frequency: every three months, recommended every six months.

\$70.40 731

RACF CASE CONFERENCING

Resident's GP organises and coordinates case conferencing for patients with chronic or complex needs, with at least two other healthcare providers whom provide different

care or services.

Resident/family may be involved/present but are not counted as care providers

If organising and contributing to a case conference, both items can be claimed.

ITEM	FEE	ITEM	CONTRIBUTE TO
735	\$70.65	747	\$51.90 15–19 mins
739	\$120.95	750	\$89.00 20–39 mins
743	\$201.65	758	\$148.20 >40 mins

RACF TELEHEALTH	FEE	ITEM
East based on one patient seen. For more that	ono pationt	rofor to

Fees based on one patient seen. For more than one patient, refer to MBS.

Professional attendances by a general practitioner at a residential aged care facility with an RACF resident, providing clinical support during an MBS eligible video consult with a specialist or consultant physician.

at least five mins	\$69.60	2125
less than 20 mins	\$96.65	2138
at least 20 mins	\$143.55	2179
at least 40 mins	\$189.20	2220

RACF TELEHEALTH PRACTICE NURSE OR ABORIGINAL OR TORRES STRAIT ISLANDER HEALTH WORKER ON BEHALF OF A GP	FEE	ITEM
Professional attendance for clinical support on behalf of and under the supervision of a medical practitioner and participating in an eligible MBS video consultation with a specialist or consultant physician.		

\$32.40	10984
332. 4 0	10204

RACF TELEHEALTH NURSE PRACTITIONER	FEE	ITEM
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Professional attendance for Clinical Support and participating in an eligible MBS video consultation with a specialist or consultant physician. Only 85% of MBS Schedule Fee claimable

less than 20 mins	\$24.10	82223
less than 40 mins	\$45.65	82224
at least 40 mins	\$67.15	82225

GENERAL PRACTICE AGED CARE ACCESS INCENTIVES (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 totalling \$5000 for the financial year. The payments are in addition to the consultation fee.

Tier 1 *SIP (60 services)	\$1,500
Tier 2 *SIP (140 services)	\$3,500

Further information

Bulk bill incentive items 10990 or 10991 may be billed in conjunction with the Medicare Benefits Schedule (MBS) items if applicable.

Other enhanced primary care items may be suitable but are not RACF specific and have not been included.

For a comprehensive explanation of each MBS item number, please refer to the MBS online at www.health.gov.au/mbsonline

This resource was developed by Northern Queensland PHN with funding from the Australian Government. ©NQPHN 2019

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