

FEE

ITEM

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

RACF CONSULTATIONS - GP	FEE	ITEM		
General practitioners can charge item number 90001 fee \$56.75 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)	\$17.75	90020		
Standard (Level B)	\$38.75	90035		
Long (Level C)	\$75.05	90043		
Prolong (Level D)	\$110.50	90051		

applicable only to the first patient seen. GPs are then able to claim a Level A to D items for each RACF resident attended.		or non-vocationally registered item numbers, refer to MBS.			
		Mon-Fri: before 8am and after 6pm; Sat-Sun: 12noon-Mon 8am; public holi	dav: all dav	av: all dav	
Brief (Level A)	\$17.75	90020	Brief	\$78.05	5010
Standard (Level B)	\$38.75	90035	Standard	\$98.70	5028
Long (Level C)	\$75.05	90043		,	
Prolong (Level D)	\$110.50	90051	Long	\$134.75	<u>5049</u>
	,		Prolonged	\$169.60	<u>5067</u>
DACE CONCLUTATIONS -					

RACF AFTER HOURS

CONSULTATIONS | NON-URGENT

MEDICAL PRACTITIONER MM1	FEE	ITEM		
General practitioners can charge item number 90002 fee \$41.25 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 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	\$133.90	<u>585</u>
Between 11pm and 7am		
Urgent unsociable hours	\$157.80	<u>599</u>

Fees based on one patient seen. For more than one patient

RACF CONSULTATIONS - MEDICAL PRACTITIONER MM2-7	FEE	ITEM	
General practitioners can charge item number 90002 call-out fee \$41.25 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)	\$14.20	90183	
Standard (Level B)	\$31.00	90188	
Long (Level C)	\$60.05	90202	
Prolong (Level D)	\$88.40	90212	

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	\$61.20	<u>701</u>	
Standard	\$142.20	<u>703</u>	
Long	\$196.25	<u>705</u>	
Prolonged	\$277.20	<u>707</u>	



Northern Queensland Primary Health Network acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

RACF care and Medicare billing overview (continued)

RESIDENTIAL MEDICATION MANAGEMENT REVIEW (RMMR)

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A RMMR is a review of medications in collaboration with the pharmacist report, for residents at risk of medicationrelated problems or significant change in medical condition.

GP initiates RMMR with an accredited pharmacist for permanent residents (new or existing)

\$109.30

GP CONTRIBUTE TO OR REVIEW A MULTIDISCIPLINARY CARE PLAN

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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.

\$72.60

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
<u>735</u>	\$72.90	<u>747</u>	\$53.55 15-19 mins
<u>739</u>	\$124.47	<u>750</u>	\$91.75 20-39 mins
<u>743</u>	\$207.95	<u>758</u>	\$152.80 >40 mins

RACF TELEHEALTH

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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	\$71.75	<u>2125</u>
less than 20 mins	\$99.65	<u>2138</u>
at least 20 mins	\$148.05	<u>2179</u>
at least 40 mins	\$195.10	2220

RACF TELEHEALTH PRACTICE NURSE OR ABORIGINAL OR TORRES STRAIT ISLANDER HEALTH WORKER ON BEHALF OF A GP

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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.

\$33.40

10984

RACF TELEHEALTH NURSE **PRACTITIONER**

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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	\$29.20	82223
less than 40 mins	\$55.35	82224
at least 40 mins	\$81.40	82225

GENERAL PRACTICE AGED CARE ACCESS INCENTIVES (ACAI)

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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 \$5,000 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