



GP Aged Care Incentive (GPACI)

Medicare Benefits Schedule
(MBS) User Guide
MMM 4-7

GPACI MBS User Guide









- The General Practice in Aged Care Incentive (GPACI) provides incentive payments to general practices and general practitioners for delivering regular visits and care planning to permanent residents living in residential aged care. The new incentive aims to strengthen and formalise relationships between residents and their primary care provider, or general practice.
- The purpose of this resource is to support General Practices to plan their delivery of care for the GPACI and provide examples of how to use MBS items to meet the requirements of this incentive. **To use the guide in your practice, simply select the Sample Schedule (pg. 4-6) and Example Annual Cycle billing scenario (pg. 10) that best suits your practice team and setting.**
- This resource demonstrates the potential use of MBS items related to the GPACI. For a full explanation of each MBS item please refer to MBS online. <https://www.mbsonline.gov.au/>. Note that MBS items in the examples outlined must be billed by providers whose provider numbers are associated with the General Practice to count toward GPACI service requirements. Estimated billing examples on pg. 9 does not include triple bulk billing and practices are encouraged to add this for their Modified Monash Model (MMM) area as applicable.
- Disclaimer: *This resource outlines some examples of how General Practice can utilise GPACI MBS Items and Care to enable the incentive payments under the program, General Practices are advised that this resource does not cover all scenarios or scheduling of MBS items to meet GPACI service payments. General Practices or Aboriginal Community Controlled Health Organisations should consider their unique model of care, team structure and business model when planning or considering the GPACI. General Practices are encouraged to refer to the GPACI Guidelines on the Australian Government Department of Health and Aged Care (DoHAC) website for more information: <https://www.health.gov.au/our-work/gpaci>*

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GPACI RACH Visits – Sample Schedule – RESPONSIBLE PROVIDER VISITING ONLY









Practicing in MMM 4-7 where telehealth appointments can be used as follow-up

Quarter 1	Quarter 2	Quarter 3	Quarter 4
 <p>Contribution or review of Multidisciplinary Care Plan</p> <p>MBS 731 OR 232 can be co-claimed with any of the following:</p> <p>Comprehensive Medical Assessment MBS 703-707 OR MBS 224-227 Comprehensive Management Plan (CMA) - OR DVA MT701 – 707 Health Assessment item *Item choice depend on length of assessment and type of practitioner*</p>	 <p>Case Conference</p> <p>MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference *Item choice depend on length of conference and type of practitioner*</p>	 <p>Residential Medication Management Review</p> <p>MBS 903 OR MBS 249 *Item choice depends on type of practitioner*</p>	 <p>Case Conference</p> <p>MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference *Item choice depend on length of conference and type of practitioner*</p>
<p>Across the 12-month period must provide 2 of the above Eligible Care Planning Items</p> <p>These can be claimed at any point across the 12-months. Claiming MBS 731 early in the cycle (Q1) enables other MBS items and referrals. MBS 731 can be co-claimed with other items.</p>			
 <p>2x Eligible Regular Services</p> <p>Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR 90093-90096 OR Non-urgent after hours items OR can use MBS 91800-91803 *Item choice depend on length of consultation and type of practitioner*</p>	 <p>2x Eligible Regular Services</p> <p>Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR 90093-90096 OR Non-urgent after hours items OR can use MBS 91800-01803 *Item choice depend on length of consultation and type of practitioner*</p>	 <p>2x Eligible Regular Services</p> <p>Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR 90093-90096 OR Non-urgent after hours items OR can use MBS 91800-91803 *Item choice depend on length of consultation and type of practitioner*</p>	 <p>2x Eligible Regular Services</p> <p>Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR 90093-90096 OR Non-urgent after hours items OR can use MBS 91800-91803 *Item choice depend on length of consultation and type of practitioner*</p>

NOTE: Completing 2 Regular Visits with your patient per quarter triggers the incentive payment to both the Responsible Practitioner and the Practice. Payments will not be triggered if the two visits are not completed within the quarter in two separate calendar months. Triple bulk billing applies with eligible patients.

GPACI RACH Visits – Sample Schedule – RESPONSIBLE PROVIDER and ALTERNATE PROVIDER









Other GP / Prescribed Medical Practitioner / Nurse Practitioner + Practicing in MMM 4-7 where telehealth appointment can be used as follow-up

Quarter 1	Quarter 2	Quarter 3	Quarter 4
 <p>Contribution or review of Multidisciplinary Care Plan</p> <p>MBS 731 OR 232 can be co-claimed with any of the following:</p> <p>Comprehensive Medical Assessment MBS 703-707 OR MBS 224-227 Comprehensive Management Plan (CMA) - OR DVA MT701 – 707 Health Assessment item</p> <p>*Item choice depend on length of assessment and type of practitioner*</p>	 <p>Case Conference</p> <p>MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference</p> <p>*Item choice depend on length of conference and type of practitioner*</p>	 <p>Residential Medication Management Review</p> <p>MBS 903 OR MBS 249</p> <p>*Item choice depends on type of practitioner*</p>	 <p>Case Conference</p> <p>MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference</p> <p>*Item choice depend on length of conference and type of practitioner*</p>
<p>Across the 12-month period must provide 2 of the above Eligible Care Planning Items</p> <p>These can be claimed at any point across the 12-months. Claiming MBS 731 early in the cycle (Q1) enables other MBS items and referrals. MBS 731 can be co-claimed with other items.</p>			
 <p>2x Eligible Regular Services</p> <p>1x Responsible Provider + 1x Alternative Provider <i>Must be claimed in separate calendar months</i></p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR 90093-90096 OR MBS 82205-82215 OR Non-urgent after hours items OR can use MBS 91800-91803</p> <p>Telehealth Service as follow-up appointment in the quarter</p>	 <p>2x Eligible Regular Services</p> <p>1x Responsible Provider + 1x Alternative Provider <i>Must be claimed in separate calendar months</i></p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR 90093-90096 OR MBS 82205-82215 OR Non-urgent after hours items OR can use MBS 91800-91803</p> <p>Telehealth Service as follow-up appointment in the quarter</p>	 <p>2x Eligible Regular Services</p> <p>1x Responsible Provider + 1x Alternative Provider <i>Must be claimed in separate calendar months</i></p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR 90093-90096 OR 82205-82215 OR Non-urgent after hours items OR can use MBS 91800-91803</p> <p>Telehealth Service as follow-up appointment in the quarter</p>	 <p>2x Eligible Regular Services</p> <p>1x Responsible Provider + 1x Alternative Provider <i>Must be claimed in separate calendar months</i></p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR 90093-90096 OR 82205-82215 OR Non-urgent after hours items OR can use MBS 91800-91803</p> <p>*Telehealth Services as follow-up appointment in the quarter</p>

NOTE: Completing 2 Regular Visits with your patient per quarter triggers the incentive payment to both the Responsible Practitioner and the Practice. Payments will not be triggered if the two visits are not completed within the quarter in two separate calendar months. Triple bulk billing applies with eligible patients. Also note, the **RESPONSIBLE PROVIDER must complete 4 of the eligible regular services** 1 per quarter across the 12-months, another GP or Nurse Practitioner can provide the other regular visits. This visiting schedule is only relevant for practitioners in MMM 4-7 areas. Can claim up to 4 telehealth consults across the 12 months.

GPACI RACH Visits – Sample Schedule – RESPONSIBLE PROVIDER + OTHER CARE TEAM MEMBERS

Other GP / Prescribed medical practitioner / Nurse practitioner / Practice nurse / Aboriginal and Torres Strait Islander health practitioner
+ Practicing in MMM 4-7 where telehealth appointments can be used as follow-up

Quarter 1	Quarter 2	Quarter 3	Quarter 4
 <p>Contribution or review of Multidisciplinary Care Plan</p> <p>MBS 731 OR 232 can be co-claimed with any of the following:</p> <p>Comprehensive Medical Assessment MBS 703-707 OR MBS 224-227 Comprehensive Management Plan (CMA) - OR DVA MT701 – 707 Health Assessment item</p> <p>*Item choice depend on length of assessment and type of practitioner*</p>	 <p>Case Conference</p> <p>MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference</p> <p>*Item choice depend on length of conference and type of practitioner*</p>	 <p>Residential Medication Management Review</p> <p>MBS 903 OR MBS 249</p> <p>*Item choice depends on type of practitioner*</p>	 <p>Case Conference</p> <p>MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference</p> <p>*Item choice depend on length of conference and type of practitioner*</p>
<p>Across the 12-month period must provide 2 of the above Eligible Care Planning Items</p> <p>These can be claimed at any point across the 12-months. Claiming MBS 731 early in the cycle (Q1) enables other MBS items and referrals. MBS 731 can be co-claimed with other items.</p>			
 <p>2x Eligible Regular Services</p> <p>1x Responsible Provider + 1x Alternative Provider <i>Must be claimed in separate calendar months</i></p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR 90093-90096 OR MBS 82205-82215 OR Non-urgent after hours item OR MBS 10997 Follow up by a Practice Nurse or Aboriginal Health Practitioner on a patient who has a Care Plan OR can use MBS 91800-91803 Telehealth Services as follow-up appointment in the quarter</p>	 <p>2x Eligible Regular Services</p> <p>1x Responsible Provider + 1x Alternative Provider <i>Must be claimed in separate calendar months</i></p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR 90093-90096 OR MBS 82205-82215 OR Non-urgent after hours items OR MBS 10997 Follow up by a Practice Nurse or Aboriginal Health Practitioner on a patient who has a Care Plan OR can use MBS 91800-91803 Telehealth Services as follow-up appointment in the quarter</p>	 <p>2x Eligible Regular Services</p> <p>1x Responsible Provider + 1x Alternative Provider <i>Must be claimed in separate calendar months</i></p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR 90093-90096 OR 82205-82215 OR Non-urgent after hours items OR MBS 10997 Follow up by a Practice Nurse or Aboriginal Health Practitioner on a patient who has a Care Plan OR can use MBS 91800-91803 Telehealth Service as follow-up appointment in the quarter</p>	 <p>2x Eligible Regular Services</p> <p>1x Responsible Provider + 1x Alternative Provider <i>Must be claimed in separate calendar months</i></p> <p>MBS Items 90035-90054 OR MBS 90188-90215 OR 90093-90096 OR 82205-82215 OR Non-urgent after hours items OR MBS 10997 Follow up by a Practice Nurse or Aboriginal Health Practitioner on a patient who has a Care Plan OR can use MBS 91800-91803 Telehealth Service as follow-up appointment in the quarter</p>

NOTE: Completing 2 Regular Visits with your patient per quarter triggers the incentive payment to both the Responsible Practitioner and the Practice. Payments will not be triggered if the two visits are not completed within the quarter in two separate calendar months. Triple bulk billing applies with eligible patients. Also note, the **RESPONSIBLE PROVIDER must complete 4 of the eligible regular services** 1 per quarter across the 12-months, another GP or Nurse Practitioner can provide the other regular visits. **MBS 731 MUST** have been billed before the follow up items can be completed by a Practice Nurse or Aboriginal &/or Torres Strait Islander Health Practitioner.

Regular Appointment / Visit Timing by MBS Item and by Practitioner

General Attendance Items	Level B 6-20minutes	Level C 20+ Minutes	Level D 40+ Minutes	Level E 60+ Minutes
RACF / RACH Visit - VR GP	90035	90043	90051	90054
RACF / RACH visit *after hours - VR GP	5028	5049	5067	5077
RACH / RACH Visit Prescribed Medical Practitioner	90188	90202	90212	90215
RACH Visit Nurse Practitioner	82205	82210	82215	N/A
Practice Nurse or Aboriginal and /or Torres Strait Islander Health Practitioner follow-up visit RACH	10997 (Not timed)			
Telehealth	91800	91801	91802	91920
Non-Urgent After Hours	776 / 5028 / 5263	788 / 5049 / 5265	789 / 5067 / 5265	2200 / 5077 / 5262 / 5267

Definitions

Responsible Provider = Medical practitioner who holds an eligible specialty code, as outlined in Appendix 10.2, and who for the purposes of the General Practice in Aged Care Incentive are responsible for coordinating the delivery of eligible services to an eligible patient.

Prescribed Medical Practitioner = previously non vocationally registered / other medical practitioners (OMPS)

VR = Vocationally Registered General Practitioner

Other Important Notes about GPACI

Care Planning Items can be claimed on the same day or on separate visits as long as it meets the GPACI criteria of TWO Care Planning Items per annum.

MBS Item 731 OR 232 is suggested to be claimed in quarter one of the care planning cycle for a resident for the following reasons:

- As a contribution to plan prepared by aged care facility, a 731/232 requires coordination with the aged care facility to develop, providing an ideal opportunity to establish an ongoing collaborative relationship with the aged care home's clinical team.
- MBS 731/232 is required to be billed prior to Practice nurse/ Aboriginal &/or Torres Strait Islander Health Practitioner Item MBS 10997, and [individual allied health MBS items](#) (chronic disease management items for Podiatry, Dietitian, Physio, Ex Phys, Occupational Therapy, etc). Claiming 731/232 in quarter one ensures practice and allied health providers can access and claim MBS items related to services operating as a multidisciplinary team.

To be eligible for the 4th quarter payment, a total of 8 regular visits need to be completed across 12 months (Not required to be delivered in separate calendar months). If a GP misses a quarter, they will need to make up the missed visit at another point in the 12-month period.

On the following pages are some example annual billing/claiming cycles using GPACI MBS items. Note: there are many ways a General Practice may structure the care provided to an aged care resident. These are examples to provide an idea of how visits could be placed, indicative billing amounts (noting if claiming longer consults or after hours items the billed amount is higher).

MBS Billing Examples

Bulk Billing and Triple Bulk Billing MBS Incentives: Billing examples on page 10 does not include MBS Bulk Billing Incentives. Bulk Billing Incentive amounts differ between MMM areas.

Noting that the practitioner may visit the patient more frequently in the year for additional care needs to bill for follow up telehealth appointment, or bill for longer appointment items depending on patient's individual care needs; the billed amount for each patient may be higher or lower than examples provided.

Bulk Billing

For more information on Bulk Billing follow the links or scan the QR codes below.



[MBS Online - Bulk Billing in General Practice from 1 November 2023](#)





[RACGP Fact sheet - bulk billing](#)




[Upcoming Changes to Bulk Billing Incentives in General Practice | Australian Government Department of Health and Aged Care](#)


Example Annual Cycle including Estimated Billing – RESPONSIBLE PROVIDER ONLY MMM 4-7

Quarter 1		
January	February	March
Eligible Care Planning Item MBS 731 + MBS 705	1 x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1 x Eligible Regular Visit Responsible Provider MBS 91801 20+min 
\$80.20 + \$216.80 = \$297	\$82.90	\$82.90
Other eligible items available depending on the patient's needs. Start the annual cycle with item 731 to ensure have best access to MDT requirements.	Other items are available for shorter or longer regular visits, after hours. <i>Note</i> regular visits need to be in separate calendar months.	This item represents a telehealth appointment. Other items are available for shorter or longer regular visits, after hours and face-to-face.

Quarter 3		
July	August	September
Eligible Care Planning Item - Med Review MBS 903	1 x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1 x Eligible Regular Visit Responsible Provider MBS 91801 20+min 
\$120.80	\$82.90	\$82.90
Other eligible Items available depending on the patient's needs MMRs aim to help people to get the most benefit from their medicines and minimise their risk of medicines-related harm - National Commission on Safety & Quality in Healthcare.	Other items are available for shorter or longer regular visits, after hours.	This item represents a telehealth appointment. Other items are available for shorter or longer regular visits, after hours and face-to-face.

Annual Billed Amount in this example: \$1540.30 + incentive payment of \$300 (Responsible GP incentive) + \$130 (practice incentive) = \$1970.30 (noting incentive paid quarterly)

Quarter 2		
April	May	June
Eligible Care Planning Item Case Conference MBS 743 40+Mins	1 x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1 x Eligible Regular Visit Responsible Provider MBS 91801 20+min 
\$229.65	\$82.90	\$82.90
A Case conference can be used to engage with care team members from RACH, allied health, specialists and care team members from your practice. Provides an opportunity to collaborate.	Other items are available for shorter or longer regular visits, after hours.	This item represents a telehealth appointment. Other items are available for shorter or longer regular visits, after hours and face-to-face.

Quarter 4		
October	November	December
Eligible Care Planning Item Case Conference MBS 743 40+Mins	1 x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1 x Eligible Regular Visit Responsible Provider MBS 91801 20+min 
\$229.65	\$82.90	\$82.90
A Case conference can be used to engage with care team members from RACH, allied health, specialists and care team members from your practice. Provides an opportunity to collaborate.	Other items are available for shorter or longer regular visits, after hours.	This item represents a telehealth appointment. Other items are available for shorter or longer regular visits, after hours and face-to-face.

Noting that the practitioner may visit the patient more frequently in the year for additional care needs to bill for follow up telehealth appointment, or bill for longer appointment items depending on patient's individual care needs, therefore the billed amount for the patient may be more or less - example only.

Example Annual Cycle including estimated billing +Triple Bulk Billing Incentive included MMM 4 location example (Responsible Provider Only)

Based on page 12 Annual Cycle Example

Annual Billed Amount in this example: \$1540.30 + incentive payment of \$300 (Responsible GP incentive)
+ \$130 (practice incentive) = \$1970.30 (noting incentive paid quarterly)

Other important information

Noting that the practitioner may visit the patient more frequently in the year for additional care needs to bill for follow-up telehealth appointment, or bill for follow-up telehealth appointment, or bill for longer appointment items depending on patient’s individual care needs, therefore the billed amount for the patient may be more or less (example only).

Also note this example is for MMM 4 – Bulk Billing incentive amounts differ between MMM areas. This resource has represented one example to ensure practitioners consider the inclusion of Triple Bulk Billing when using this User Guide.

Bulk Billing incentive items reflect a \$ amount that already reflects the tripling of this item in MBS online, no need to carry out additional sums to triple these items.

Triple Bulk Billing amount for an MMM 4

MBS 75973 claimed x 4 = \$40.55 x 4 = \$162.20
MBS 75882 (telehealth) claimed x 4 = \$40.55 x 4 = \$162.20

Total annual billed amount = \$1970.30 + \$162.20 = \$2294.70



Review Cycle for GPACI MBS User Guide Resource

PHNs have jointly developed this resource through the National PHN MyMedicare Implementation Program and the PHN Cooperative.
Nepean Blue Mountains PHN has been given permission to use this document for their own community.

Review of the original National PHN MyMedicare branded resource will occur ~6 monthly or as required due to changing GPACI MBS items or policy.

This document is Version 5, published on 1 April 2025. The next review of the resource is due October 2025.

National MyMedicare PHN
Implementation Program



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