

Steps to Residential Care using the Medicare Benefits Schedule

Comprehensive Medical Assessment (CMA) for Permanent RACF Residents by GP

701 (brief), 703 (standard), 705 (long), 707 (prolonged)

- Undertake Comprehensive Medical Assessment (CMA) on admission for new residents or for existing permanent residents as required (provided resident has not already had a CMA at another facility within the previous 12 months).
- Item number determined by length of assessment and complexity of presentation.
- **Frequency:** once per 12 months [^]

Residential Medication Management Review GP/Pharmacist

MBS Item 903

- GP initiates Residential Medication Management Review (RMMR) referral to the accredited pharmacist.
- Pharmacist undertakes review, provides a report to the GP, including recommendations. GP prepares a medication plan.
- An RMMR is available to existing residents of a RACF where it is required in the opinion of the resident's medical practitioner because of a significant change in the resident's medical condition or medication regimen.

GP Contribution to a Multidisciplinary Care Plan prepared by another health/care provider for a RACF resident

MBS Item 731

- GP contributes to eligible Multidisciplinary Care Plan.
- All residents of a RACF are eligible for care plan contribution due to the chronic and complex nature of the medical conditions that have contributed to their need for residential care.
- Where clinically indicated, may refer to Allied Health and/or Dental Care services following consultation with RACF and submission of Item 731 claim.
- Recommended frequency is once every six months; can be earlier if clinically required.

Allied Health Services

MBS Items 10950—10970

- If the resident's GP has contributed to the Care Plan AND claimed Item 731, the resident may be eligible to access up to **five** allied health services, either as one type of service or a combination of services.
- GPs must refer to services recommended in the patient's care plan using the **Referral Form for Individual Allied Health Services under Medicare**. *
- Allied health providers must comply with defined reporting procedures.
- These MBS Items are available in addition to allied health services funded under the Aged Care Access Initiative for low-care residents.
- Some allied health services for residents in high care places are already funded—check with the RACF for details.

Dental Care Services

MBS Items 85011—85777

- These items cover a range of services, including dental assessments, preventative services, restorative services such as fillings, crowns, bridges and implants, extractions and other oral surgery (other than hospital services), orthodontic services and denture provided by dentists, dental specialists and dental prosthetics in their surgeries.
- Residents who have a Multidisciplinary Care Plan (Item 731) may access up to \$4,250 for dental care items over two consecutive years.
- GPs must use the **Referral Form for Dental Services**. #
- Dental practitioners must provide a copy or summary of the patient's treatment plan to the referring GP before commencement of the course of treatment.

Case Conferencing

GP organises and coordinates

MBS Items 735, 739, 743 or participates in
MBS Items 747,750,758

- A case conferencing team includes the resident's GP and at least two (2) other healthcare providers, each of whom provides a different kind of care or service for different aspects of care.
- Resident/family may be involved/present but are not counted as care providers.

Further Information and Support

[^] **CMA's** www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem_cma

* **Allied Health Services:** www.health.gov.au/internet/main/publishing.nsf/Content/health-medicare-health_pro-gp-pdf-ahs-cnt.htm

Dental Items: www.health.gov.au/internet/main/publishing.nsf/Content/Dental+Care+Services

Medical Care for Older Persons in Residential Aged Care Facilities 'Silver Book' RACGP 4th ed. 2005 www.racgp.org.au/silverbookonline

DISCLAIMER

The information included in this resource has been obtained from a variety of external sources and, while every effort has been made to ensure its accuracy, the General Practice Tasmania Network assumes no responsibility for its use.

The aim is to provide an introduction to the MBS Items, it should not be used instead of the Medicare Benefits schedule instead it should be read in conjunction with the Medicare Benefits Schedule, available online at <http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Medicare-Benefits-Schedule-MBS-1>

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Steps to Residential Care using the Medicare Benefits Schedule - Fees

Health Assessments

	Schedule Fee
701 Brief - simple assessment <30 mins	\$55.00
703 Standard - straightforward assessment >30 but<45 mins	\$127.80
705 Long - extensive assessment >45 but <60 mins	\$176.30
707 Prolonged - complex assessment >60 mins	\$249.10

Allied Health Services

10950 Aboriginal Health Worker	10960 Physiotherapist	\$58.85
10951 Diabetes Educator	10962 Podiatrist	
10952 Audiologist	10964 Chiropractor	
10953 Exercise Physiologist	10966 Osteopath	
10954 Dietitian	10968 Psychologist	
10956 Mental Health Worker	10970 Speech Pathologist	
10958 Occupational Therapist		

Case Conferences

735 Organise case conference <20 mins	\$65.40
739 Organise case conference <40 mins	\$112.10
743 Organise case conference >40 mins	\$186.85
747 Participate case conference <20 mins	\$48.10
750 Participate case conference <40 mins	\$82.40
758 Participate case conference >40 mins	\$137.35

Residential Aged Care Facility Visits

Exclude self-contained unit—use normal attendance items for surgery or home visit

20 Brief	\$58.95
35 Standard	\$77.55
43 Long	\$109.70
51 Prolonged	\$141.05

Note: Fees are for **one** patient. **For more than** one patient, fee is based on Items 3,23,36 and 44

Plus: ≤ 6 pts = \$43.25 divided by the number of patients seen; ≥7 pts = Plus \$3.10 per patient

After Hours Attendances *

Non-Urgent

5010 Brief	\$70.10
5028 Standard	\$88.70
5049 Long	\$121.00
5067 Prolonged	\$152.40

Note: Fees are for **one** patient. **For more than** one patient, fee is based on Items 5000,5020, 5040 and 5060

Plus: ≤ 6 pts = \$43.25 divided by the number of patients seen; ≥7 pts = Plus \$3.10 per patient

Urgent

597 Attendance to 1 patient after hours except between 11.00pm and 7.00am	\$120.30
599 Attendance to 1 patient between 11.00pm and 7.00am	\$141.75

* Consult times:

After Hours (Non-urgent) Mon-Fri: before 8.00am / after 6.00pm. Sat: before 8.00am / after 12.00 noon. Sun/Public Hol: all day

After Hours (Urgent) Other than between 11.00pm and 7.00am—see above

After Hours (Unsociable Hours) Between 11.00pm and 7.00am

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