



New arrangements for GP Residential Aged Care Facility (RACF) services

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New items for doctors' RACF services

On 1 March 2019, the Government introduced new MBS items for professional services provided by a general practitioner (GP) or medical practitioner at a RACF. The new items include a call-out fee to cover doctors' costs of travel to a RACF (MBS items 90001 and 90002), and new (standard Level A to D) attendance items.

The new items simplify claims for RACF services, and replace the derived fee payment model.

Call-out fee

The call-out items apply to a doctor's initial attendance at a RACF, and are billable only for the first patient seen on a RACF visit. Once a call-out item is billed, doctors may then bill an applicable attendance item for each of the RACF patients they see. The fees for the call-out items are \$55 for GPs and \$40 for other medical practitioners.

GP RACF derived fee model is now obsolete

This simplified arrangement replaces the derived fee model which was based on a sliding scale related to the number of patients seen. RACF derived fee MBS items 20, 35, 43, 51, 92, 93, 95, 96, 183, 188, 202 and 212 are now obsolete.

Under the new arrangements GPs attending a RACF use MBS items 90020, 90035, 90043, 90051, irrespective of Modified Monash Model (MMM) location; and medical practitioners attending a RACF use MBS items 90092, 90093, 90095, 90096, 90183, 90188, 90202, 90212, depending on MMM location.

| Current item (obsolete from 1 March 2019) | New item from 1 March 2019 | Fee/Benefit | Provider |
|-------------------------------------------|----------------------------|------------------------|-----------------------------------|
| N/A | 90001 | \$55/(100% of fee) | GP |
| N/A | 90002 | \$40/(100% of fee) | Other Medical Practitioner |
| 20 | 90020 | \$17.20/(100% of fee) | GP |
| 35 | 90035 | \$37.60/(100% of fee) | GP |
| 43 | 90043 | \$72.80/(100% of fee) | GP |
| 51 | 90051 | \$107.15/(100% of fee) | GP |
| 92 | 90092 | \$8.50/(100% of fee) | Other Medical practitioner MM 1 |
| 93 | 90093 | \$16/(100% of fee) | Other Medical practitioner MM 1 |
| 95 | 90095 | \$35.50/(100% of fee) | Other Medical practitioner MM 1 |
| 96 | 90096 | \$57.50/(100% of fee) | Other Medical practitioner MM 1 |
| 183 | 90183 | \$13.75/(100% of fee) | Other Medical practitioner MM 2-7 |
| 188 | 90188 | \$30.10/(100% of fee) | Other Medical practitioner MM 2-7 |
| 202 | 90202 | \$58.25/(100% of fee) | Other Medical practitioner MM 2-7 |
| 212 | 90212 | \$85.70/(100% of fee) | Other Medical practitioner MM 2-7 |



The MM classifications of RACF locations can be found at the [Modified Monash Model locator](#).

Billing

The RACF items are only for Medicare-eligible GP and other medical practitioners providing primary care services in RACFs. Doctors employed by RACFs cannot claim the items, nor can specialists, consultant physicians, nurses and other allied health practitioners.

Items 90001 and 90002 provide a call-out fee for the initial attendance by a GP or other medical practitioner at one RACF, on one occasion, applicable only to the first patient seen on the RACF visit. The items must be billed in association with an attendance item and both services (call-out and attendance) must be billed in the same way (i.e. either both bulk-billed or both patient billed).

Item restrictions

In general, the call-out fee is intended as a one-off payment to help reimburse travel expenses, but if a doctor has to return to a RACF, on the same day and the attendances are not a continuation of an earlier episode of treatment, another call-out fee would apply per subsequent RACF visit. In such circumstances, doctors should retain evidence to support their claims, and should note that rest breaks would not warrant billing another call-out item.

The call-out fee is payable once per visit to any RACF regardless of whether the practitioner sees DVA or non-DVA patients or a combination of both.

Similarly, where two or more RACFs are co-located or are adjacent to each other, a practitioner is not eligible for extra compensation for visiting the second facility.

The call-out items cannot be billed with existing derived fee services, including afterhours or telehealth services, nor can they be billed with urgent afterhours items. In addition, bulk billing (items 10990 or 10991) and rural incentives apply only to attendance items, not to the call-out items 90001 and 90002, and may be claimed only once per patient. Bulk billing incentive and rural incentive items have not changed.

Find out more

The full item descriptor and information on other changes to the MBS can be found at the [MBS Online website](#).