

GP Aged Care Incentive (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. 3 – 8) and Example Annual Cycle billing scenario (pg. 11 – 15) 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. 10 – 14 do not include triple bulk billing and practices are encouraged to add this for their MMM area as applicable. An example of triple bulk billing is provided on pg. 15 for illustrative purposes for an MMM 4 practice.

The planning and delivery of care to a patient should above all consider a patient's need, which may require a patient's GP or care team delivering services beyond the minimum GPACI servicing requirements. Attention should be taken to meet all legislative requirements of MBS and DVA items. Providers and practices must ensure the delivery of services does not conflict with requirements of any other programs or legislation.

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 Department of Health Disabilities and Ageing website for more information: <https://www.health.gov.au/our-work/gpaci>

Document Control

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	December 2025	Department of Health, Disabilities and Ageing name corrected from previous name on page 1, last paragraph.	1
		Pages 12-15 months removed from quarters as quarters can fall on any months depending when a patient is registered to the general practice in aged care incentive	12-15
		Link to HPE resources added. Last line under other important information about General Practice in Aged Care Incentive.	11
		Review cycle updated on last page.	17
		MBS item price updates	12-16
	March 2026	Explicit mention on each page that the 2x care planning items must be claimed by the responsible provider only.	4-9
	July 2026	MBS item price updates in line with CPI index updates	12-16

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GPACI RACH Visits - Sample Schedule - RESPONSIBLE PROVIDER VISITING ONLY

Quarter 1



Contribution or review of Multidisciplinary Care Plan

MBS 731 suggested to be co-claimed with:

MBS 232 - Contribution to **OR** review of
Multidisciplinary Care Plan

Quarter 2



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***

Quarter 3



Residential Medication Management Review

MBS 903 **OR** MBS249

***Item choice depends on practitioner
type***

Quarter 4



Case Conference

MBS 235-240 **OR** MBS 735-758
Multidisciplinary Care Conference

***Item choice depend on length of
conference and type of practitioner***

Across the 12-month period, the Responsible Provider must provide and claim 2 of the above Eligible Care Planning Items

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.



2x Eligible Regular Services

**Must be claimed in separate calendar
months**

MBS Items 90035-90054 **OR** MBS 90188-
90215 **OR** 90093-90096 OR Non-urgent
after-hours items

***Item choice depend on length of
consultation and type of practitioner***



2x Eligible Regular Services

**Must be claimed in separate calendar
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***Item choice depend on length of
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MBS Items 90035-90054 **OR** MBS 90188-
90215 **OR** 90093-90096 OR Non-urgent
after-hours items

***Item choice depend on length of
consultation and type of practitioner***

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 + ALTERNATIVE PROVIDER

Other GP / Prescribed medical practitioner / Nurse practitioner

Quarter 1	Quarter 2	Quarter 3	Quarter 4
 Contribution or review of Multidisciplinary Care Plan MBS 731 suggested to be co-claimed with: MBS 232 - Contribution to OR review of Multidisciplinary Care Plan	 Comprehensive Medical Assessment MBS 703-707 OR MBS 224-227 Comprehensive Management Plan (CMA) - Health Assessment item *Item choice depend on length of assessment and type of practitioner*	 Residential Medication Management Review MBS 903 OR MBS249 *Item choice depends on practitioner type*	 Case Conference MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference *Item choice depend on length of conference and type of practitioner*

Across the 12-month period, the Responsible Provider must provide and claim 2 of the above Eligible Care Planning Items

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.

 2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR MBS 82205-82215 OR non-urgent after-hours items *Item choice depend on length of consultation and type of practitioner*	 2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR MBS 82205-82215 OR non-urgent after-hours items *Item choice depend on length of consultation and type of practitioner*	 2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR MBS 82205-82215 OR non-urgent after-hours items *Item choice depend on length of consultation and type of practitioner*	 2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR MBS 82205-82215 OR non-urgent after-hours items *Item choice depend on length of consultation and type of practitioner*
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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. The **RESPONSIBLE PROVIDER must complete 4 of the eligible regular services** 1 per quarter **plus the 2x eligible care planning items** across the 12-months, another GP or Nurse Practitioner can provide the other regular visits.

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

Other GP / Prescribed medical practitioner / Nurse practitioner/ Practice Nurse/ Aboriginal &/or Torres Strait Islander Health Practitioner

Quarter 1	Quarter 2	Quarter 3	Quarter 4
 Contribution or review of Multidisciplinary Care Plan MBS 731 suggested to be co-claimed with: MBS 232 - Contribution to or review of Multidisciplinary Care Plan	 Comprehensive Management Assessment MBS 703-707 OR MBS 224-227 Comprehensive Management Plan (CMA) - Health Assessment item *Item choice depend on length of assessment and type of practitioner*	 Residential Medication Management Review MBS 903 OR MBS249 *Item choice depends on practitioner type*	 Case Conference MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference *Item choice depend on length of conference and type of practitioner*

Across the 12-month period, the Responsible Provider must provide and claim 2 of the above Eligible Care Planning Items

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.

 2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 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	 2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 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	 2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 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	 2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 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
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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. The **RESPONSIBLE PROVIDER must complete 4 of the eligible regular services** 1 per quarter across **plus the 2x eligible care planning items** the 12-months, another GP or Nurse Practitioner can provide the other regular visits. **MBS731 MUST** have been billed before the follow up items can be completed by a Practice Nurse or Aboriginal &/or Torres Strait Islander Health Practitioner.

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
 Contribution or review of Multidisciplinary Care Plan MBS 731 suggested to be co-claimed with: MBS 232 - Contribution to or review of Multidisciplinary Care Plan	 Comprehensive Medical Assessment MBS 703-707 OR MBS 224-227 Comprehensive Management Plan (CMA) - Health Assessment item *Item choice depend on length of assessment and type of practitioner*	 Residential Medication Management Review MBS 903 OR MBS249 *Item choice depends on practitioner type*	 Case Conference MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference *Item choice depend on length of conference and type of practitioner*

Across the 12-month period, the Responsible Provider must provide and claim 2 of the above Eligible Care Planning Items

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.

 2x Eligible Regular Services Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR non-urgent after-hours item OR Can use MBS 91800 - 91803 Telehealth Service as follow up appointment in the quarter	 2x Eligible Regular Services Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR non-urgent after-hours item OR Can use MBS 91800 - 91803 Telehealth Service as follow up appointment in the quarter	 2x Eligible Regular Services Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR non-urgent after-hours item OR Can use MBS 91800 - 91803 Telehealth Service as follow up appointment in the quarter	 2x Eligible Regular Services Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90188-90215 OR MBS 90093-90096 OR non-urgent after-hours item OR Can use MBS 91800 - 91803 Telehealth Service as follow up appointment in the quarter
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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. **Two care must be planning items claimed by the responsible provider across the 12-month period to ensure full GPACI incentive payment at Q4.**

Note this visiting schedule is only relevant for practitioners in MMM4-7 areas. Can claim up to 4 telehealth consults across the 12-months



GPACI RACH Visits - Sample Schedule - RESPONSIBLE PROVIDER + ALTERNATIVE PROVIDER

Other GP / Prescribed medical practitioner / Nurse practitioner + Practicing in MMM 4-7 where telehealth appointments can be used as follow up

Quarter 1	Quarter 2	Quarter 3	Quarter 4
 Contribution or review of Multidisciplinary Care Plan MBS 731 suggested to be co-claimed with: MBS 232 - Contribution to or review of Multidisciplinary Care Plan	 Comprehensive Medical Assessment MBS 703-707 OR MBS 224-227 Comprehensive Management Plan (CMA) - Health Assessment item *Item choice depend on length of assessment and type of practitioner*	 Residential Medication Management Review MBS 903 OR MBS249 *Item choice depends on practitioner type*	 Case Conference MBS 235-24 OR MBS 735-758 Multidisciplinary Care Conference *Item choice depend on length of conference and type of practitioner*

Across the 12-month period, the Responsible Provider must provide and claim 2 of the above Eligible Care Planning Items

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.

 2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90093-900096 OR MBS 90188-90215 OR MBS 82205-82215 OR after hours non-urgent OR Can use MBS 91800 - 91803 Telehealth Service as follow up appointment in the quarter	 2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90093-900096 OR MBS 90188-90215 OR BS 82205-82215 OR after hours non-urgent OR Can use MBS 91800 - 91803 Telehealth Service as follow up appointment in the quarter	 2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90093-900096 OR MBS 90188-90215 OR BS 82205-82215 OR after hours non-urgent OR Can use MBS 91800 - 91803 Telehealth Service as follow up appointment in the quarter	 2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider Must be claimed in separate calendar months MBS Items 90035-90054 OR MBS 90093-900096 OR MBS 90188-90215 OR BS 82205-82215 OR after hours non-urgent OR Can use MBS 91800 - 91803 Telehealth Service as follow up appointment in the quarter
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GPACI RACH Visits - Sample Schedule - RESPONSIBLE PROVIDER + OTHER CARE TEAM MEMBERS

Other GP / Prescribed medical practitioner / Nurse practitioner/ Practice Nurse/ Aboriginal &/Or 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
 Contribution or review of Multidisciplinary Care Plan MBS 731 suggested to be co-claimed with: MBS 232 - Contribution to or review of Multidisciplinary Care Plan	 Comprehensive Medical Assessment MBS 703-707 OR MBS 224-227 Comprehensive Management Plan (CMA) - Health Assessment item *Item choice depend on length of assessment and type of practitioner*	 Residential Medication Management Review MBS 903 OR MBS249 *Item choice depends on practitioner type*	 Case Conference MBS 235-240 OR MBS 735-758 Multidisciplinary Care Conference *Item choice depend on length of conference and type of practitioner*

Across the 12-month period, the Responsible Provider must provide and claim 2 of the above Eligible Care Planning Items

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.

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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. The **RESPONSIBLE PROVIDER must complete 4 of the eligible regular services 1 per quarter plus the 2x eligible care planning items** across the 12-months, another GP or Nurse Practitioner can provide the other regular visits. **MBS731 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 &/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/ OMPS

VR = Vocationally Registered General Practitioner

Other Important Notes about General Practice in Aged Care Incentive

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 731 is required to be able to bill Practice nurse/ Aboriginal &/or Torres Strait Islander Health Practitioner Item MBS 10997 and required to trigger allied health appointments (chronic disease management items for Podiatry, Dietitian, Physio, Ex Phys, Occupational Therapy, etc). This GPACI MBS User Guide Strongly recommends practitioners claim this item within the first quarter to maximise the multidisciplinary team function of GPACI.

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).

Link to HPE Resources for MyMedicare and GPACI can be found here: [MyMedicare - General Practice in Aged Care Incentive \(GPACI\) - Health Professional Education Resources](#)

Example Annual Cycle inc. estimated billing - Responsible Provider Only

MMM1-3

Quarter 1			Quarter 2		
Eligible Care Planning Item MBS 731 + MBS 705	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	Eligible Care Planning Item Case Conference MBS743 40+Mins	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min
\$84.25 + \$227.75 = \$312.00	\$87.10	\$87.10	\$241.25	\$87.10	\$87.10
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 Note regular visits need to be in separate calendar months,	Other items are available for shorter or longer regular visits, after hours	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	Other items are available for shorter or longer regular visits, after hours
Quarter 3			Quarter 4		
Eligible Care Planning Item - Med Review MBS 903	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	Eligible Care Planning Item Case Conference MBS743 40+Mins	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min
\$126.90	\$87.10	\$87.10	\$241.25	\$87.10	\$87.10
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	Other items are available for shorter or longer regular visits, after hours	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	Other items are available for shorter or longer regular visits, after hours
Annual Billed Amount in this example: \$1618.20 + incentive payment of \$300 (Responsible GP incentive) + \$130 (practice incentive) = \$2048.20 (noting incentive paid quarterly)			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 inc. estimated billing - Responsible Provider Only

MMM4-7

Quarter 1			Quarter 2		
Eligible Care Planning Item MBS 731 + MBS 705	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Responsible Provider MBS 91801 20+ mins 	Eligible Care Planning Item Case Conference MBS743 40+Mins	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Responsible Provider MBS 91801 20+ mins 
\$84.25 + \$227.75 = \$312.00	\$87.10	\$87.10	\$241.25	\$87.10	\$87.10
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 Note regular visits need to be in separate calendar months,	This item represents a telehealth appt. Other items are available for shorter or longer regular visits, after hours and face to face.	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 appt. Other items are available for shorter or longer regular visits, after hours and face to face.
Quarter 3			Quarter 4		
Eligible Care Planning Item - Med Review MBS 903	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Responsible Provider MBS 91801 20+ mins 	Eligible Care Planning Item Case Conference MBS743 40+Mins	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Responsible Provider MBS 91801 20+ mins 
\$126.90	\$87.10	\$87.10	\$241.25	\$87.10	\$87.10
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 appt. Other items are available for shorter or longer regular visits, after hours and face to face.	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 appt. Other items are available for shorter or longer regular visits, after hours and face to face.
Annual Billed Amount in this example: \$1618.20 + incentive payment of \$300 (Responsible GP incentive) + \$130 (practice incentive) = \$2048.20 (noting incentive paid quarterly)			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 inc. estimated billing - Responsible Provider + Alternate Provider (other GP or Nurse Practitioner)

Quarter 1			Quarter 2		
Eligible Care Planning Item MBS 731 + MBS 705	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Nurse Practitioner MBS 82210 20-40min	Eligible Care Planning Item Case Conference MBS743 40+Mins	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Nurse Practitioner MBS 82210 20-40min
\$84.25 + \$227.75 = \$312.00	\$87.10	\$61.80	\$241.25 + may be able to bill for NP time at CC	\$87.10	\$61.80
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 Note regular visits need to be in separate calendar months,	Other items are available for shorter or longer regular visits, after hours	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	Other items are available for shorter or longer regular visits, after hours
Quarter 3			Quarter 4		
Eligible Care Planning Item - Med Review MBS 903	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Nurse Practitioner MBS 82210 20-40min	Eligible Care Planning Item Case Conference MBS743 40+Mins	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Nurse Practitioner MBS 82210 20-40min
\$126.90	\$87.10	\$61.80	\$241.25 + may be able to bill for NP time at CC	\$87.10	\$61.80
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	Other items are available for shorter or longer regular visits, after hours	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	Other items are available for shorter or longer regular visits, after hours
Annual Billed Amount in this example: \$1517.00 + incentive payment of \$300 (Responsible GP incentive) + \$130 (practice incentive) = \$1947.00 (noting incentive paid quarterly)			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 inc. estimated billing - Responsible Provider + Other Team Members (other GP or NP or Practice Nurse or Aboriginal &/or Torres Strait Islander Health Worker)

Quarter 1			Quarter 2		
Eligible Care Planning Item MBS 731 + MBS 705	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Practice Nurse/ Health Worker MBS 10987/10997	Eligible Care Planning Item Case Conference MBS743 40+Mins	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Practice Nurse/ Health Worker MBS 10987/10997
\$84.25 + \$227.75 = \$312.00	\$87.10	\$28.70 / \$14.35	\$241.25	\$87.10	\$28.70 / \$14.35
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 Note regular visits need to be in separate calendar months,	Other items are available for shorter or longer regular visits, after hours	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	Other items are available for shorter or longer regular visits, after hours
Quarter 3			Quarter 4		
Eligible Care Planning Item - Med Review MBS 903	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Practice Nurse/ Health Workers MBS 10987/10997	Eligible Care Planning Item Case Conference MBS743 40+Mins	1x Eligible Regular Visit Responsible Provider MBS 90043 20-40min	1x Eligible Regular Visit Practice Nurse/ Health Worker MBS 10987/10997
\$126.90	\$87.10	\$28.70 / \$14.35	\$241.25	\$87.10	\$28.70 / \$14.35
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	Other items are available for shorter or longer regular visits, after hours	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	Other items are available for shorter or longer regular visits, after hours
Annual Billed Amount in this example: \$1384.60 / \$1327.20 + incentive payment of \$300 (Responsible GP incentive) + \$130 (practice incentive) = \$1814.60 / \$1757.20 (noting incentive paid quarterly)			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 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: \$1618.20 + incentive payment of \$300 (Responsible GP incentive) + \$130 (practice incentive) = \$2048.20 (noting incentive paid quarterly)

Triple bulk billing amount for an MMM4

MBS 75873 claimed x 4 = \$42.60 x 4 = \$170.40

MBS 75882 (telehealth) claimed x 4 = \$42.60 x 4 = \$170.40

Total annual billed amount = \$2048.20 + \$170.40 + \$170.40 = \$2389.00



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 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 MMM4 - 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.



For more information on Triple Bulk Billing scan the QR code to DHDA website resources, including links to MBS Online.

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.

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 6, published March 2026. The next review of the resource is September 2026.

Printed copies of this resource are uncontrolled and may not contain the most up to date information.
If you have any feedback on this resource, please contact PHNMyMedicare@brisbanenorthphn.org.au