

# 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 incentive aims to strengthen and formalise relationships between residents and their primary care provider, or general practice.

This resource is designed to help General Practices plan the care under the GPACI and provides examples of how to use MBS items to meet the requirements of the incentive. **The following slides look at possible care planning schedules for three different provider models:**





- Responsible Providers who visit a Residential Aged Care Home (RACH) alone
- Responsible Providers who have support from alternate providers from their practice in their RACH
- Responsible Providers who have other members of their practice care team visit RACH patients.

The planning and delivery of care to a patient should centre on a patient's need, which may require the GP or care team delivering services beyond the minimum GPACI servicing requirements.





For a full explanation of each MBS item please refer to MBS online. <https://www.mbsonline.gov.au/>. The MBS items in the following examples must be billed by providers whose provider numbers are associated with the General Practice to count toward GPACI service requirements. Make sure you are meeting all legislative requirements of MBS and DVA items and ensure the delivery of services does not conflict with requirements of any other programs or legislation.

**Disclaimer:** *This resource outlines 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 DHDA website for more information: <https://www.health.gov.au/our-work/gpaci>*

# RESPONSIBLE PROVIDER VISITING ONLY

Quarter 1	Quarter 2	Quarter 3	Quarter 4
 <p><b>Contribution or review of Multidisciplinary Care Plan</b></p> <p>MBS 731 <b>OR</b> 232 can be co-claimed with any of the following:</p> <p><b>Comprehensive Medical Assessment</b></p> <p>MBS 703-707 <b>OR</b> MBS 224-227 Comprehensive Management Plan (CMA) - <b>OR</b> DVA MT701 – 707 Health Assessment item</p> <p><b>*Item choice depend on length of assessment and type of practitioner*</b></p>	 <p><b>Case Conference</b></p> <p>MBS 235-240 <b>OR</b> MBS 735-758 Multidisciplinary Care Conference</p> <p><b>*Item choice depend on length of conference and type of practitioner*</b></p>	 <p><b>Residential Medication Management Review</b></p> <p>MBS 903 <b>OR</b> MBS249</p> <p><b>*Item choice depends on practitioner type*</b></p>	 <p><b>Case Conference</b></p> <p>MBS 235-240 <b>OR</b> MBS 735-758 Multidisciplinary Care Conference</p> <p><b>*Item choice depend on length of conference and type of practitioner*</b></p>





**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.

 <p>2x Eligible Regular Services</p> <p><b>Must be claimed in separate calendar months</b></p> <p>MBS Items 90035-90054 <b>OR</b> MBS 90188-90215 <b>OR</b> 90093-90096 OR Non-urgent after hours items</p> <p><b>*Item choice depend on length of consultation and type of practitioner*</b></p>	 <p>2x Eligible Regular Services</p> <p><b>Must be claimed in separate calendar months</b></p> <p>MBS Items 90035-90054 <b>OR</b> MBS 90188-90215 <b>OR</b> 90093-90096 OR Non-urgent after hours items</p> <p><b>*Item choice depend on length of consultation and type of practitioner*</b></p>	 <p>2x Eligible Regular Services</p> <p><b>Must be claimed in separate calendar months</b></p> <p>MBS Items 90035-90054 <b>OR</b> MBS 90188-90215 <b>OR</b> 90093-90096 OR Non-urgent after hours items</p> <p><b>*Item choice depend on length of consultation and type of practitioner*</b></p>	 <p>2x Eligible Regular Services</p> <p><b>Must be claimed in separate calendar months</b></p> <p>MBS Items 90035-90054 <b>OR</b> MBS 90188-90215 <b>OR</b> 90093-90096 OR Non-urgent after hours items</p> <p><b>*Item choice depend on length of consultation and type of practitioner*</b></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.





# RESPONSIBLE PROVIDER + ALTERNATIVE PROVIDER

EG - Other GP, Prescribed medical practitioner or Nurse practitioner

Quarter 1	Quarter 2	Quarter 3	Quarter 4
 <p><b>Contribution or review of Multidisciplinary Care Plan</b></p> <p>MBS 731 <b>OR</b> 232 can be co-claimed with any of the following:</p> <p><b>Comprehensive Medical Assessment</b></p> <p>MBS 703-707 <b>OR</b> MBS 224-227 Comprehensive Management Plan (CMA) - <b>OR</b> DVA MT701 – 707 Health Assessment item</p> <p><b>*Item choice depend on length of assessment and type of practitioner*</b></p>	 <p><b>Case Conference</b></p> <p>MBS 235-240 <b>OR</b> MBS 735-758 Multidisciplinary Care Conference</p> <p><b>*Item choice depend on length of conference and type of practitioner*</b></p>	 <p><b>Residential Medication Management Review</b></p> <p>MBS 903 <b>OR</b> MBS249</p> <p><b>*Item choice depends on practitioner type*</b></p>	 <p><b>Case Conference</b></p> <p>MBS 235-240 <b>OR</b> MBS 735-758 Multidisciplinary Care Conference</p> <p><b>*Item choice depend on length of conference and type of practitioner*</b></p>

## 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.





 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider</p> <p><b>Must be claimed in separate calendar months</b></p> <p>MBS Items 90035-90054 <b>OR</b> MBS 90188-90215 <b>OR</b> MBS 90093-90096 <b>OR</b> MBS 82205-82215 <b>OR</b> non-urgent after-hours items</p> <p><b>*Item choice depend on length of consultation and type of practitioner*</b></p>	 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider</p> <p><b>Must be claimed in separate calendar months</b></p> <p>MBS Items 90035-90054 <b>OR</b> MBS 90188-90215 <b>OR</b> MBS 90093-90096 <b>OR</b> MBS 82205-82215 <b>OR</b> non-urgent after-hours items</p> <p><b>*Item choice depend on length of consultation and type of practitioner*</b></p>	 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider</p> <p><b>Must be claimed in separate calendar months</b></p> <p>MBS Items 90035-90054 <b>OR</b> MBS 90188-90215 <b>OR</b> MBS 90093-90096 <b>OR</b> MBS 82205-82215 <b>OR</b> non-urgent after-hours items</p> <p><b>*Item choice depend on length of consultation and type of practitioner*</b></p>	 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider</p> <p><b>Must be claimed in separate calendar months</b></p> <p>MBS Items 90035-90054 <b>OR</b> MBS 90188-90215 <b>OR</b> MBS 90093-90096 <b>OR</b> MBS 82205-82215 <b>OR</b> non-urgent after-hours items</p> <p><b>*Item choice depend on length of consultation and type of practitioner*</b></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.





# RESPONSIBLE PROVIDER + OTHER CARE TEAM MEMBERS

EG - Other GP, Prescribed medical practitioner, Nurse practitioner, Practice Nurse, Aboriginal and/or Torres Strait Islander Health Practitioner

Quarter 1	Quarter 2	Quarter 3	Quarter 4
 <p><b>Contribution or review of Multidisciplinary Care Plan</b> MBS 731 <b>OR</b> 232 can be co-claimed with any of the following:</p> <p><b>Comprehensive Medical Assessment</b> MBS 703-707 <b>OR</b> MBS 224-227 Comprehensive Management Plan (CMA) - <b>OR</b> DVA MT701 – 707 Health Assessment item <b>*Item choice depend on length of assessment and type of practitioner*</b></p>	 <p><b>Case Conference</b> MBS 235-240 <b>OR</b> MBS 735-758 Multidisciplinary Care Conference <b>*Item choice depend on length of conference and type of practitioner*</b></p>	 <p><b>Residential Medication Management Review</b> MBS 903 <b>OR</b> MBS249 <b>*Item choice depends on practitioner type*</b></p>	 <p><b>Case Conference</b> MBS 235-240 <b>OR</b> MBS 735-758 Multidisciplinary Care Conference <b>*Item choice depend on length of conference and type of practitioner*</b></p>

**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.

 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider</p> <p><b>Must be claimed in separate calendar months</b> MBS Items 90035-90054 <b>OR</b> MBS 90188-90215 <b>OR</b> MBS 90093-90096 <b>OR</b> MBS 82205-82215 <b>OR</b> Non-urgent after-hours item <b>OR</b> MBS 10997 Follow up by a Practice Nurse or Aboriginal Health Practitioner on a patient who has a Care Plan</p>	 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider</p> <p><b>Must be claimed in separate calendar months</b> MBS Items 90035-90054 <b>OR</b> MBS 90188-90215 <b>OR</b> MBS 90093-90096 <b>OR</b> MBS 82205-82215 <b>OR</b> Non-urgent after-hours item <b>OR</b> MBS 10997 Follow up by a Practice Nurse or Aboriginal Health Practitioner on a patient who has a Care Plan</p>	 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider</p> <p><b>Must be claimed in separate calendar months</b> MBS Items 90035-90054 <b>OR</b> MBS 90188-90215 <b>OR</b> MBS 90093-90096 <b>OR</b> MBS 82205-82215 <b>OR</b> Non-urgent after-hours item <b>OR</b> MBS 10997 Follow up by a Practice Nurse or Aboriginal Health Practitioner on a patient who has a Care Plan</p>	 <p>2x Eligible Regular Services 1x Responsible Provider + 1x Alternative Provider</p> <p><b>Must be claimed in separate calendar months</b> MBS Items 90035-90054 <b>OR</b> MBS 90188-90215 <b>OR</b> MBS 90093-90096 <b>OR</b> MBS 82205-82215 <b>OR</b> Non-urgent after-hours item <b>OR</b> MBS 10997 Follow up by a Practice Nurse or Aboriginal Health Practitioner on a patient who has a Care Plan</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. **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 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)			
<b>Non-Urgent After Hours</b>	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 of the [GPACI Guidelines](#), 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 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 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.

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

## This 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 regularly or as required due to changing GPACI MBS items or policy. This document was published on 27 January 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 [practicesupport@brisbanenorthphn.org.au](mailto:practicesupport@brisbanenorthphn.org.au)