



COVID-19 Temporary MBS GP/OMP Services for Residents of Aged Care Facilities

Last updated: 1 October 2021

Commencing 10 December 2020 and available until 30 June 2022, temporary Medicare Benefits Schedule (MBS) items have been made available to improve access to multidisciplinary care for residents of residential aged care facilities (RACF) during the COVID-19 pandemic.

The new items apply to RACF residents referred for allied health services under the following treatment, management or care plans:

- Multidisciplinary Care Plans; OR
- GP Management Plans; OR
- Shared Care Plans; OR
- Team Care Plans; AND/OR
- Aboriginal and Torres Strait Islander Health Assessments.

GP and Other Medical Practitioner (OMP) services eligible for a call-out or 'flag-fall' fee will be expanded to include contributions to multidisciplinary care plans and Aboriginal and Torres Strait Islander Health Assessments when provided in person in a RACF. The new temporary MBS items in Group A43, sub-group 1 and 2, better recognise the additional effort of providers who travel to RACF's to provide these services to their patients.

These items complement new temporary allied health items for RACF, which include the provision of five (5) additional physical therapy services and two (2) additional exercise physiology group services for eligible RACF residents. Full item descriptors and information on these changes can be found on the MBS Online website at www.mbsonline.gov.au.

These temporary MBS items are applicable for non-admitted patients that reside in a RACF and cannot be claimed as part of hospital treatment

What are the changes?

As part of the Australian Government's response to COVID-19, four (4) new GP and OMP new temporary MBS items have been introduced to support the provision of comprehensive care for residents within RACF.

The new temporary GP and OMP MBS items are:

- Group A43, sub-groups 1-2:
 - 4 new items for GPs and non-specialist OMPs: 93469, 93470, 93379 and 93475

A guide to the new items and the existing items that they relate to is attached to this fact sheet.



Who is eligible?

The new temporary items replicate the clinical eligibility requirements for patients of existing treatment, management or care items, but enable providers to claim flag-fall for their attendance at a RACF (billed only for the first patient seen on a RACF visit).

Why are the changes being made?

Many people in RACF have experienced deconditioning because of the COVID-19 pandemic. Deconditioning is a complex process of physiological change following a period of inactivity and bedrest.

Increasing access to multidisciplinary care, supported by specific allied health services for people in RACFs will help residents maintain and improve their health and wellbeing.

What does this mean for providers?

The temporary MBS items for services allow GPs and OMPs to claim a flag-fall fee which better recognises the additional effort required to travel from regular consultation rooms to provide these services in-person.

Patients living in RACF may be considered eligible for temporary additional Medicare-subsidised allied health services for physical therapies. These temporary items allow patients to access up to five (5) additional allied physical therapy services and two (2) additional allied exercise physiology group services in a calendar year. Where these temporary additional services are included in the patient's eligible treatment, management or care plan, medical practitioners are not required to provide an additional referral to the patient's allied health provider/s.

If an updated treatment, management or care plan is required (for example when a patient transitions to aged care) medical practitioners may review patients' plans to include the temporary additional allied health services.

The flag-fall items apply to a provider's first attendance at a RACF to provide an MBS service, per occasion. 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.

How will these changes affect patients?

Patients may benefit from increased engagement with their GP for multidisciplinary care planning, and should ask their GPs about their multidisciplinary care needs.

The temporary items do not need to be bulk billed, however, the provider must ensure informed financial consent is obtained prior to any service which attracts a co-payment.

How will the changes be monitored and reviewed?

The Department of Health will monitor the use of the new MBS items by medical, nursing and allied mental health practitioners. Use of the items that does not seem to be in accordance with the relevant Medicare guidelines and legislation will be actioned appropriately.

Where can I find more information?



The Aged Care Royal Commission's special report on the COVID-19 pandemic in aged care is available from the [Commission's website](#).

COVID-19 National Health Plan resources for the general public, health professionals and industry are available from the [Australian Government Department of Health website](#).

The full item descriptors and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – 13 21 50.

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.



COVID-19 – TEMPORARY ACCESS TO ALLIED HEALTH IN RACF – GP/OMP ITEMS

GP Multidisciplinary Care Plans		
Service	Existing items	RACF Face to Face (F2F) Only
Professional attendance by a general practitioner at a residential aged care facility to prepare or amend a multidisciplinary care plan	731	93469
Professional attendance by a general practitioner at a residential aged care facility to perform a health assessment of a resident who is of Aboriginal or Torres Strait Islander descent	715	93470
OMP Multidisciplinary Care Plans		
Professional attendance by a medical practitioner (other than a general practitioner, and specialist) at a residential aged care facility to prepare or amend a multidisciplinary care plan	232	93475
Professional attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician) at a residential aged care facility to perform a health assessment of a resident who is of Aboriginal or Torres Strait Islander descent	228	93479