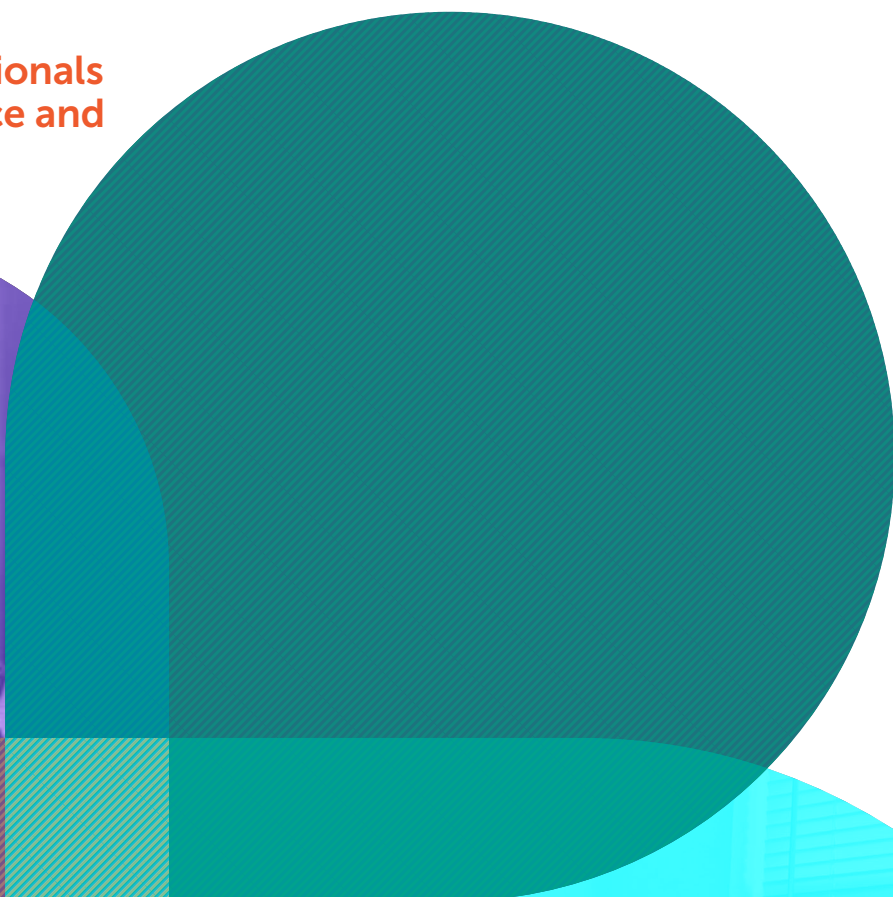


# MBS remuneration to support planned palliative care for patients

**phn**  
NORTH WESTERN  
MELBOURNE  
An Australian Government Initiative

A guide for health professionals  
working in general practice and  
residential aged care.



# Planned palliative care for patients in general practice

## MBS remuneration to support care of patients in general practice

Planning palliative care will benefit patients with a progressive chronic disease, who have recent or persistent decline in their health and a positive response to the “surprise” question.

A palliative approach does not mean a shift away from active medical care. The aim is to focus on symptomatic management and support quality of life for the patient until death.

- The practice nurse can assist GPs with planning palliative care services.
- Set up reminders for care planning, case conferences and advance care planning.
- Schedule longer appointments for planned services.
- Include Advance Care Directive discussion in health assessments and care plans.
- Use general consultations to address unplanned care needs.
- Services and care arrangements are at the discretion of the treating GP

The next page shows a suggested timeframe for care, using Medicare initiatives over a 12-month period.

For details of remuneration for the items in the example overleaf, visit [mbsonline.gov.au](https://www.mbsonline.gov.au)

## Prognostic indicator

Use the “surprise” question as a prompt to start planned palliative care: “Would you be surprised if this patient dies in the next year?”

**Note, it is unhelpful to try to predict a date in discussion with the patient and family.**

## Further Information

North Western Melbourne PHN for program assistance and resources

[nwmphn.org.au](https://nwmphn.org.au)

HealthPathways - Palliative Care

[melbourne.communityhealthpathways.org](https://melbourne.communityhealthpathways.org)  
search by “palliative”

Palliative Care Australia

[palliativecare.org.au](https://palliativecare.org.au)

Palliative Care Victoria

[pallcarevic.asn.au](https://pallcarevic.asn.au)

Medicare Benefits Schedule

For eligibility criteria and service requirements please refer to [mbsonline.gov.au](https://www.mbsonline.gov.au)

# Planned palliative care for patients in general practice

## MBS remuneration to support care of patients in general practice

Suggested timeframe	Medicare initiative	Refer to <a href="http://mbsonline.gov.au">mbsonline.gov.au</a> for eligibility and service components.	MBS item
0 months	Over 75 Year Health Assessment	Select relevant item based on complexity and PN + GP time. Introduce a discussion about Advance Care Planning or palliative care.	701-707
2nd week	GP Management Plan (GPMP)	For patients with chronic disease; include discussion about Advance Care Planning or palliative care approach.	721
	Team Care Arrangement (TCA)	Requires at least 3 providers, including GP, to collaborate on care. Entitles the patient to Medicare allied health services (EPC): 5 per calendar year.	723
3rd week	GP Mental Health Treatment Plan	Select relevant item depending on time and GP training. As per-Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria	2700-2717
1st month	Case Conference	Opportunity for holistic informed approach to ongoing care for providers, carers and family. Organised by the GP; 20-40 minutes long; requires GP and at least 2 other providers (eg. Palliative Care Specialist) in 'real' time.	739
2nd month	Domiciliary Medication Management Review ('HMR')	Referral to eligible pharmacist; ensures optimal management of patient with 5 or more medications and/or complexity.	900
4th month	Level D consultation	To complete Advance Care Plan, following earlier discussions.	44
5th month	Review GP Mental Health Treatment Plan	4 weeks - 6 months after preparation of plan, review referral feedback and progress against goals.	2712
6th month	GPMP Review	Discuss progress against goals and actions	732
	TCA Review	Discuss progress with team members. Can claim item 732 twice in same day if services are separate and times noted: see <a href="http://www.mbsonline.gov.au">www.mbsonline.gov.au</a>	732
8th month	Case Conference	Organised by GP; 15-20 minutes long; GP + 2 other providers in 'real' time.	735
5 per year	Practice Nurse care plan monitoring	Where a GP Management Plan is in place.	10997
After 12 months	Repeat health assessment, care plan and reviews, where clinically required.		as above

# Planned palliative care for patients in residential aged care

## MBS remuneration to support care of patients in residential aged care

Planned palliative care will benefit residents with a progressive chronic disease who have recent or persistent decline in their health and a positive response to the “surprise” question.

A planned palliative approach does not mean a shift away from active medical care. The aim is to focus on symptomatic management and support quality of life for the patient until death.

- Ensure you discuss decisions for a palliative approach with facility staff.
- The practice nurse can assist GPs with planning palliative care services.
- Set up reminders for care planning, case conferences and advance care planning.
- Schedule longer appointments for planned services.
- Include Advance Care Directive discussion in health assessments and care plans.
- Use general consultations to address unplanned care needs.
- Services and care arrangements are at the discretion of the treating GP.

The next page shows a suggested timeframe for care, using Medicare initiatives over a 12-month period.

For details of remuneration for the items in the example overleaf, visit [mbsonline.gov.au](http://mbsonline.gov.au)

Eligible GPs can register for the PIP Aged Care Access Incentive for care of patients in aged care facilities, and receive incentive payments in addition to consultation fees.

- Relevant MBS items: 232, 249, 731, 741, 763, 772, 789, 903, 5010, 5028, 5049, 5067, 5260, 5263, 5265, 5267, 90020, 90035, 90043, 90051, 90092, 90093, 90095, 90096, 90183, 90188, 90202 and 90212.

For eligibility and payment details visit: [servicesaustralia.gov.au/general-practitioner-aged-care-access-incentive-for-practice-incentives-program](http://servicesaustralia.gov.au/general-practitioner-aged-care-access-incentive-for-practice-incentives-program)

### Prognostic indicator

**Use the “surprise” question as a prompt to start planned palliative care: “Would you be surprised if this patient dies in the next year?”**

**Note, it is unhelpful to try to predict a date in discussion with the patient and family.**

### Further Information

North Western Melbourne PHN for program assistance and resources  
[nwmphn.org.au](http://nwmphn.org.au)

HealthPathways - Palliative Care  
[melbourne.communityhealthpathways.org](http://melbourne.communityhealthpathways.org)  
search by “palliative”

Palliative Care Australia  
[palliativecare.org.au](http://palliativecare.org.au)

Palliative Care Victoria  
[pallcarevic.asn.au](http://pallcarevic.asn.au)

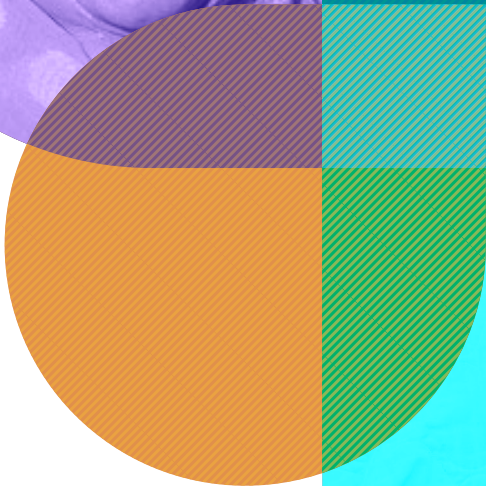
Medicare Benefits Schedule  
For eligibility criteria and service requirements please refer to [mbsonline.gov.au](http://mbsonline.gov.au)

# Planned palliative care for patients in residential aged care

## MBS remuneration to support care of patients in residential aged care

Suggested timeframe	Medicare initiative	Refer to <a href="http://mbsonline.gov.au">mbsonline.gov.au</a> for eligibility and service components.	MBS item
0 months	Comprehensive Medical Assessment (CMA)	On admission, then annually. Identify who is appointed to assist with healthcare decisions for patients who do not have 'capacity' for palliative care discussions. Select relevant item based on complexity and PN + GP time.	701-707
	Domiciliary Medication Management Review (HMR)	Referral to eligible pharmacist; ensures optimal management of patient with 5 or more medications and/or complexity.	903
2nd week	GP Mental Health Treatment Plan	Select relevant item depending on time and GP training	2700-2717
1st month	Care Plan Contribution	For patients with chronic disease; GP contributes to facility's plan. GP contribution entitles the patient to Medicare allied health services (EPC), 5 per calendar year.	731
2nd month	Case Conference	Opportunity for holistic informed approach to ongoing care for providers, carers and family. Organised by the GP; 20-40 minutes long; requires GP and at least 2 other providers (eg. Palliative Care Specialist) in 'real' time.	739
4th month	Level D consultation	To complete Advance Care Directive, following earlier discussions. * Item 90001 provides a call-out fee for the initial attendance by a GP at one RACF, on one occasion, applicable only to the first patient seen on the RACF visit.	90051 90001*
5th month	Review GP Mental Health Treatment Plan	4 weeks - 6 months after preparation of plan, review referral feedback and progress against goals.	2712
6th month	Care Plan Contribution	Review of facility's multidisciplinary plan and above GP contribution.	731
8th month	Case Conference	Organised by GP; 20-40 minutes long; GP + 2 other providers in 'real' time.	739
After 12 months	Repeat CMA, case conferences and care plan contributions where clinically required.		as above





This resource was developed by  
North Western Melbourne PHN with  
funding from the Australian Government.