

# The Advance Project® and Medicare Benefits Schedule Items – Fact Sheet for General Practice Staff

Adequate funding is essential in ensuring that the Advance Project® remains sustainable in your practice. A number of Medicare items can be used to fund the initiation of advance care planning (ACP) and/or palliative and supportive care needs assessments where appropriate:

1. **75+ health assessments (703, 705, 707):** Medicare provides funding for general practices to conduct an annual comprehensive assessment of patients who are 75 years of age or older. Parts of the assessment can be conducted by general practice nurses or Aboriginal and Torres Strait Islander health practitioners. As outlined in MBS online <http://www.mbsonline.gov.au>, the GP should be satisfied that the assisting health professional has the necessary skills, expertise and training to collect the information required for the health assessment. The GP must also personally see the patient as part of the assessment. The initiation of ACP and/or palliative and supportive care needs assessment can be incorporated into the health assessment process. The item number is determined by the total time spent by the GPs, nurses and/or Aboriginal and Torres Strait Islander health practitioners on the assessment. Patients may also need further follow up GP consultations (see below) on a different day after the health assessment if they have complex palliative care needs or require additional time to discuss ACP.
2. **GP management plans and team care arrangements (721, 723, 732):** These item numbers provide funding for general practices to develop and review a chronic disease management plan for patients with one or more chronic diseases. The initiation of ACP and/or palliative and supportive care needs assessment, if indicated for the patient, can be incorporated into the planning and review processes. As outlined in MBS online <http://www.mbsonline.gov.au>, a general practice nurse, or Aboriginal and Torres Strait Islander health practitioner or other health professional may “assist a GP with items 721, 723, and 732 (e.g. in patient assessment, identification of patient needs and making arrangements for services). However, the GP must meet all regulatory requirements, review and confirm all assessments and see the patient. Patients may also need further follow up GP consultations (see below) on a different day if they have complex palliative care needs or if require additional time to discuss ACP. **Please note there are upcoming changes to chronic disease management MBS items from 1<sup>st</sup> November 2024 -see link to fact sheet [here](#).**
3. **GP consultation items (23, 36, 44, 123):** Standard GP consultation item numbers (or the equivalent Telehealth item numbers where appropriate– see link to fact sheet [here](#)) can be used to fund consultations involving the initiation of ACP and/or palliative and supportive care assessments. The number and length of consultations required will depend on the complexity of the patient’s needs. Please note, standard GP consultation item numbers cannot be charged on the same day as the item numbers listed above (701, 703, 705, 707, 721,723 or 732). However, if further time is needed to discuss ACP or address patients’ palliative and supportive care needs, then a standard GP consultation could be booked on a different day after the patient has had a chance to reflect on the initial ACP discussion and/or complete the Advance Project patient or carer assessment booklets. On the other hand, standard GP consultations can be billed on either the same day or a different day to nurse chronic disease management consultations (see below). The [new item numbers for consultations lasting >60 minutes](#) (e.g.123) may be suitable for very complex consultations to discuss ACP and/or address palliative care needs.
4. **Nurse chronic disease management consultation (10997):** Patients with GP management plan +/- team care arrangements are eligible to receive rebates for 5 visits each year to the general practice nurse for chronic disease management. This could be used to fund general practice nurses or Aboriginal and Torres Strait Islander health practitioners to spend time with patients to assist them to complete the Advance Project assessment booklets (where the patient requires assistance). This can be combined with a standard GP consultation on the same day or a different day for eligible patients, where appropriate. Item 10990 or 10991 (bulk billing incentives) can be claimed in conjunction with item 10997 provided the conditions of item 10990 or 10991 are satisfied (visit MBS online for further details).

For more detailed information about MBS items and requirements visit MBS online <http://www.mbsonline.gov.au> or phone the Department of Human Services (Medicare) provider enquiry line on 132 150.