

# Advance Care Directives in general practice Guidance on the use of Medicare Benefits Schedule Items

This guide describes how Medicare Benefits Schedule (MBS) Item numbers may be used by GPs for advance care planning where clinically appropriate, for example existing terminal illness or chronic disease with potential to impact on the duration and/or quality of life, or when it is requested by the patient.

Note:

- There is no dedicated MBS Item for advance care planning
- The GP must ensure that the requirements for the services, as set out in the MBS, are met (<http://www.mbsonline.gov.au>). This information is current at June 2017.
- The time required to undertake a general attendance in consulting rooms or a residential aged care facility (RACF) or a Health Assessment service may only include the activities described in the *Health Insurance (General Medical Services Table) Regulations 2015* (the Regulations). Any aspects of an advance care plan that are not covered by the requirements of the Regulations may not be included in the time taken to provide the service.
- MBS Items 701, 703, 705, 707 and 715 (Health Assessments) must be provided by a GP personally attending a patient. Suitably qualified health professionals, such as general practice nurses, Aboriginal and Torres Strait Islander health practitioners, and Aboriginal health workers, may assist GPs in performing Health Assessments. Such assistance must be provided in accordance with accepted medical practice and under the supervision of the GP. This may include activities associated with information collection and providing patients with information about recommended interventions.

| ITEM TYPE   | MBS ITEM NUMBER  | COMMENTS   |
|---|--|--|
| <b>General Consultations</b><br>(Level A–D)<br>A Simple<br>B <20 mins<br>C 20–39 mins<br>D At least 40 mins | The appropriate item numbers for levels A-D apply as follows:<br><b>Location</b> <ul style="list-style-type: none"> <li>• GP consulting rooms</li> <li>• RACF</li> <li>• Place other than consulting rooms or RACF</li> </ul> Note: If ACP constitutes part of an after hours consultation it is important to make an ‘exceptional circumstances’ notation in your clinical records. | A Level B, C or D consultation must include any of the following activities that are clinically relevant: <ol style="list-style-type: none"> <li>a) taking a (C – detailed, D – extensive) patient history</li> <li>b) performing a clinical examination</li> <li>c) arranging any necessary investigation(s)</li> <li>d) implementing a management plan</li> <li>e) providing appropriate preventive health care, in relation to one or more health-related issues, with appropriate documentation.</li> </ol> Advance Care Directives will usually involve a discussion of medical conditions, prognosis, management options, and planning ahead for future care needs.<br>Advance care plans may be completed over a number of short consults or may require long consult/s such as Level C or D.<br>In addition, although short for most advance care planning activities, at times, the Level A consultation may be appropriate, for example, to conclude discussions and complete documentation. |

| ITEM TYPE  | MBS ITEM NUMBER   | COMMENTS  |
|--|---|---|
| <b>Health Assessments</b><br>(time-based)<br><br>(including for people aged 75+)                                 | 701 Simple; <30 mins<br><br>703 Standard; not complex; 30–45 mins<br><br>705 Long; needing indepth consideration and strategies; 45–60 mins<br><br>707 Prolonged; complex patient with significant long-term health issues; 60+ mins<br><br><b>Frequency:</b> for the Health Assessment for People Aged 75 years and older – not more than once in a 12-month period.<br><br><b>Frequency:</b> for the Comprehensive Medical Assessment of Permanent Residents of Residential Aged Care Facilities (RACF) – on admission to the RACF, provided that a comprehensive medical assessment has not already been provided in another RACF within the previous 12 months, and at 12-month intervals thereafter. | A Health Assessment must include the following elements: <ul style="list-style-type: none"> <li>• information collection, including taking a patient history and undertaking or arranging examinations and investigations as required</li> <li>• making an overall assessment of the patient</li> <li>• recommending appropriate interventions</li> <li>• providing advice and information to the patient</li> <li>• keeping a record of the Health Assessment, and offering the patient a written report about the Health Assessment, with recommendations about matters covered by the Health Assessment, and</li> <li>• offering the patient’s carer a copy of the report or extracts of the report relevant to the carer.</li> </ul> Consider addressing advance care planning as part of a Health Assessment for people aged 75+. As this Health Assessment must include the activities as listed above, there may not be time to complete all advance care planning activities, however, as an example, it may be possible to offer printed information and a follow-up consultation. |
| <b>Aboriginal and Torres Strait Islander Peoples Health Assessment</b><br>(for people aged 0–14, 15–54, and 55+) | 715 (not time-based)<br><br><b>Frequency:</b> not more than once in a 9-month period  | In relation to item 715, in addition to specific requirements of the three age cohorts (0–14, 15–54, and 55+), an Aboriginal and Torres Strait Islander Peoples Health Assessment must include the elements outlined above.   |

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

Health Insurance (General Medical Services Table) Regulation 2016 <https://www.legislation.gov.au/Details/F2017C00353>.