



# Comprehensive medical assessments (CMA) for aged care residents – Fact Sheet for general practitioners

A new Medicare Benefits Schedule (MBS) item - item no. 712 – is available from 1 July 2004. This item enables GPs to undertake comprehensive medical assessments (CMAs) of new and existing residents (if required) of aged care homes.

## What are CMAs

A CMA is a voluntary service for residents of aged care homes. It involves a personal attendance by the resident's GP to undertake a full systems review, including an assessment of the resident's health and physical and psychological function.

CMAs complement other services that GPs can provide to residents of aged care homes, including normal consultations and Enhanced Primary Care (EPC) services for contribution to a care plan and for case conferencing. Information from the CMA can help inform a GP's contribution to a multidisciplinary care plan for eligible residents of aged care homes. Where a resident's GP has contributed to a care plan for a resident, the resident is eligible to access new Medicare items for certain allied health and dental services on referral from their GP (new MBS items 10950 to 10977 refer).

A CMA is an opportunity for a periodic assessment, not a substitute for normal medical care.

## What is involved in undertaking a CMA

A CMA must include:

- a personal attendance by the resident's usual GP;

- an assessment of the resident's relevant medical history;
- completion of a comprehensive medical examination of the resident to determine the resident's current health and well-being;
- development of a list of diagnoses and/or problems; and
- provision of information based on the outcome of the CMA for the resident's records to inform the provision of care for the resident by the aged care home and the provision of medication management review services for the resident.

The CMA focuses on a medical assessment of the resident. Unlike the existing EPC older age health assessment items, the CMA does not require an assessment of the resident's social function – this is a matter for the planning and provision of care by the aged care home.

In undertaking the CMA GPs are encouraged to refer to appropriate guidelines (such as the RACGP *Medical Care of Older Persons in Residential Aged Care Facilities* – the 'Silver Book' – see [www.racgp.org.au](http://www.racgp.org.au)) and to use available knowledge and information from the aged care home relevant to the assessment. Good liaison and a sound working relationship with the aged care home will facilitate the provision of CMA services.

## Who is eligible for CMAs?

CMAs are available to permanent residents of aged care homes, receiving either high or low care. There is no age limit for a resident to be eligible for a CMA.

CMA's are available to new residents on admission to an aged care home. Existing residents can have a CMA where it is required in the opinion of the resident's medical practitioner, for instance, because of a significant change in the resident's medical condition and/or physical and/or psychological function requiring a CMA. Medicare benefits are payable for a maximum of one CMA per resident in any twelve-month period.

## Who can provide CMA's?

A CMA must be provided by a medical practitioner. This includes general practitioners but does not include specialists or consultant physicians. Non-vocationally registered GPs (Other Medical Practitioners - OMPs) can provide CMA's.

The medical practitioner providing the CMA should generally be the resident's 'usual' doctor. This is the doctor, or a doctor working in the medical practice, that has provided the majority of care to the resident over the previous 12 months and/or will be providing the majority of care to the resident over the next 12 months. GPs who provide services on a facility-wide contract basis, and/or who are registered to provide services to aged care homes as part of aged care panel arrangements, may also undertake CMA's for residents as part of their services.

## What is the Medicare rebate for a CMA?

The Medicare rebate for a CMA is \$150.05. If the service is bulkbilled the GP will also be able to claim the \$5 or \$7.50 bulk billing incentive payment for eligible patients.

## Can the GP charge for a consultation as well as a CMA?

The CMA item covers the consultation at which the CMA service is undertaken. If the consultation is for the purpose of undertaking the CMA only,

only the CMA item should be claimed. If the CMA is undertaken during the course of a consultation in respect of another purpose, the CMA item and the relevant item for the other consultation may both be claimed.

Any immediate action required to be done at the time of completing a CMA, based on and as a direct result of information gathered in the CMA, should be treated as part of the CMA. This includes writing prescriptions, ordering required pathology tests and making specialist and allied health referrals. Further follow up after completion of the CMA, including ongoing management of conditions identified as a result of the CMA, should be treated as a separate consultation item.

## Are CMA's counted for the purposes of derived fee arrangements?

No. CMA's do not count for the purposes of derived fee arrangements that apply to other consultations in an aged care home.

## Does the CMA have to be completed in one visit?

The CMA may be completed over one or more visits, provided all the components of the CMA are undertaken before the item is claimed.

## Will GPs have access to information to support the provision of CMA's?

Information to support the provision of CMA's including a checklist and a sample form are available from the Department's website.

## Further information

Further information is available from the Department's website at: [www.health.gov.au](http://www.health.gov.au)

For more information call **1800 011 163** or go to **[www.health.gov.au](http://www.health.gov.au)**