

What is it?

A CMA involves a full medical history, comprehensive medical examination and preparation of a list of diagnosis and problems to inform care planning and medication management. A CMA is a good time to assess the need for a medication review.

Eligibility

- Permanent residents of the RACF, receiving either high or low care.
- New residents on admission.
- Existing residents can have a CMA where there has been a significant change in medication condition, physical and/or psychological function, for example, discharge from an acute care facility in the previous 4 weeks and change in medical condition or abilities.
- Not available to residents receiving respite care.

Frequency

Medicare benefits are payable for a **maximum of one CMA** per resident in any twelve month period.
Note: GP can claim for Level D consult (item 51) where resident is not eligible for CMA (that is, more than one CMA completed within 12 month period)

The Process

1. New resident or existing resident – due to a significant change in resident’s condition.
2. Obtain consent from resident or person responsible and record.
3. RACF to fill out first 3 pages of CMA form.
4. Personal attendance by GP to fill out resident’s medical assessment section (pg 4) of CMA.
5. GP to provide a copy of the written outcomes of the CMA to:
 - RACF staff
 - Resident’s medical record file.
 - Offered to resident/person responsible
6. Claim Item 712. *Note: if you do not bulk bill, you will personally need to obtain consent for a fee to be charged.*

Resources

	Medical Director templates	EPC folder
CMA Form (Medical Assessment pg.4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Resident Consent form for Individual EPC items	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>