

# Quick desktop guide to MBS item numbers

## Medicare rebates

### Routine consultations

#### In the surgery

Item no.	Fee	
<a href="#">3</a>	\$17.75	(Level A) Brief
<a href="#">23</a>	\$38.75	(Level B) Standard < 20 mins
<a href="#">36</a>	\$75.05	(Level C) Long 20–39 mins
<a href="#">44</a>	\$110.50	(Level D) Prolonged ≥ 40 mins

#### Residential Aged Care Facility (RACF) – General Practitioner

Item no.	Fee	
<a href="#">90001</a>	\$56.75	General practitioner RACF call out fee for initial attendance, on one occasion, applicable only to the first patient seen. GPs are then able to claim a Level A to D items for each RACF resident attended.
<a href="#">90020</a>	\$17.75	Brief (Level A)
<a href="#">90035</a>	\$38.75	Standard (Level B)
<a href="#">90043</a>	\$75.05	Long (Level C)
<a href="#">90051</a>	\$110.50	Prolong (Level D)

#### Home/institution/hospital visit (excluding RACF)

Item no.	One patient seen	
<a href="#">4</a>	\$44.90*	Brief
<a href="#">24</a>	\$65.90*	Standard
<a href="#">37</a>	\$102.20*	Long
<a href="#">47</a>	\$137.65*	Prolonged

#### Chronic disease/complex care needs management

Item no.	Fee	
<a href="#">721</a>	\$148.75*	GP Management Plan (GPMP)
<a href="#">723</a>	\$117.90*	Team Care Arrangement (TCA)
<a href="#">732</a>	\$74.30*	Review of GPMP/TCA
<a href="#">10997</a>	\$12.40	Service to patient with GPMP/TCA by practice nurse/Aboriginal health worker (up to 5 per patient per year)
<a href="#">139</a>	\$138.70	Assessment, diagnosis and management plan for a child under 13 with an eligible disability (see MBS)
<a href="#">729</a>	\$72.60	Contribution/review of multidisciplinary care plan prepared by another provider, for non-RACF residents
<a href="#">731</a>	\$72.60	Contribution to/review of multidisciplinary care plan prepared by another provider, for RACF resident
<a href="#">900</a>	\$159.65	Domiciliary medication management review
<a href="#">903</a>	\$109.30	Residential medication management review

#### Women's health

Item no.	Fee	
<a href="#">73806</a>	\$10.15*	Urine pregnancy test
<a href="#">16500</a>	\$48.60*	Routine antenatal attendance
<a href="#">16591</a>	\$147.10*	Management of pregnancy >28/40 (including mental health assessment) by shared care GP who is not planning to perform the delivery
<a href="#">14206</a>	\$36.70*	Administration of hormone implant, including Implanon
<a href="#">30062</a>	\$62.65*	Removal of hormone implant, including Implanon
<a href="#">35503</a>	\$55.20*	Insertion of IUD

#### Diagnostic procedure

Item no.	Fee	
<a href="#">11505</a>	\$42.40*	Spirometry—pre and post bronchodilator (diagnosis)
<a href="#">11506</a>	\$21.20*	Spirometry—pre and post bronchodilator (monitoring)
<a href="#">11704</a>	\$32.25**	12-lead ECG ( <i>replaced 11700</i> )

#### Mental health

Item no.	Fee	
		GP Mental Health Treatment plan, <b>without</b> mental health skills training
<a href="#">2700</a>	\$73.95*	20–39 min consultation
<a href="#">2701</a>	\$108.85*	≥ 40 min consultation
		GP Mental Health Treatment plan, <b>with</b> mental health skills training
<a href="#">2715</a>	\$93.90*	20–39 min consultation
<a href="#">2717</a>	\$138.30*	≥ 40 min consultation
<a href="#">2712</a>	\$73.95*	Review of GP Mental Health Treatment plan
<a href="#">2713</a>	\$73.95	Mental health consultation lasting ≥ 20 mins
<a href="#">2729</a>	\$95.65	For appropriately credentialed GPs and patients eligible for telehealth services (MM4–7)
		Telehealth consultation for focused psychological strategies lasting 30–39 minutes
<a href="#">2731</a>	\$136.85	Telehealth consultation for focused psychological strategies lasting at least 40 minutes
		GP Eating Disorders Treatment plan, <b>without</b> mental health skills training
<a href="#">90250</a>	\$73.95	20–39 min consultation
<a href="#">90251</a>	\$108.85	≥ 40 min consultation
		GP Eating Disorders Treatment plan, <b>with</b> mental health skills training
<a href="#">90252</a>	\$93.90	20–39 min consultation
<a href="#">90253</a>	\$138.30	≥ 40 min consultation
<a href="#">90264</a>	\$73.95	GP review of eating disorders treatment and management plan

100% schedule fee for services as of July 2020 listed.

\*75% and/or 85% rebate also applies to these item numbers.

\*\* GPs will be able to request, but not access, items that require a referral for specialist or consultant physician

Source [www.mbsonline.gov.au](http://www.mbsonline.gov.au)



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Northern Queensland Primary Health Network acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.

# Quick desktop guide to MBS item numbers (continued)

## Practice nurse/Aboriginal and Torres Strait Islander Health Practitioners (ATSIHP)\*

Item no.	Fee	
<a href="#">10987</a>	\$24.75	Follow up for a patient who has received an Aboriginal and Torres Islander people's health assessment (Max 10 services per calendar year)
<a href="#">10997</a>	\$12.40	Monitoring and support for a person with a Chronic Disease Care Plan (Maximum 5 services per calendar year, practice nurse or Aboriginal and Torres Strait Islander Health Practitioner)

## Follow-up allied health services for Aboriginal and Torres Strait Islander peoples who have had a health assessment

### Assessment and provision of services

A person who is of Aboriginal or Torres Strait Islander descent may be referred by their GP for follow-up allied health services under items 81300 to 81360 when the GP has undertaken a health assessment (items 701, 703, 705, 707, or 715) and identified a need for follow-up allied health services.

These items provide an alternative pathway for Aboriginal or Torres Strait Islander peoples to access allied health services. If a patient meets the eligibility criteria for individual allied health services under the chronic disease management items (10950 to 10970) and for follow-up allied health services, they can access both sets of services and are eligible for up to ten allied health services under Medicare per calendar year.

Item no.	
<a href="#">81300</a>	Aboriginal and Torres Strait Islander Health
<a href="#">81305</a>	Diabetes Education Health Service
<a href="#">81310</a>	Audiology Health Service
<a href="#">81315</a>	Exercise Physiology Health Service
<a href="#">81320</a>	Dietetics Health Service
<a href="#">81325</a>	Mental Health Service
<a href="#">81330</a>	Occupational Therapy Health Service
<a href="#">81335</a>	Physiotherapy Health Service
<a href="#">81340</a>	Podiatry Health Service
<a href="#">81345</a>	Chiropractic Health Service
<a href="#">81350</a>	Osteopathy Health Service
<a href="#">81355</a>	Psychology Health Service
<a href="#">81360</a>	Speech Pathology Health Service

## Minor procedures

Item no.	Fee	
<a href="#">30071</a>	\$53.85*	Diagnostic biopsy of skin
<a href="#">30072</a>	\$53.85*	Diagnostic biopsy of mucous membrane
<a href="#">30192</a>	\$40.80*	Ablative treatment of 10 or more premalignant skin lesions
<a href="#">30196</a>	\$130.20*	Removal of malignant neoplasm of skin or mucous membrane (histopathologically-proven or dermatologist-confirmed), by serial curettage or laser excision/ablation
<a href="#">30202</a>	\$49.85*	Removal of malignant neoplasm of skin or mucous membrane (histopathologically-proven or dermatologist-confirmed) by cryotherapy using repeat freeze thaw cycles
<a href="#">30064</a>	\$113.30*	Removal of subcutaneous foreign body, requiring incision and exploration +/- wound closure
<a href="#">30061</a>	\$24.25*	Removal of superficial foreign body, including cornea/sclera
<a href="#">30216</a>	\$28.20*	Aspiration of haematoma
<a href="#">30219</a>	\$28.20*	Incision and drainage of abscess/haematoma (excluding aftercare)
<a href="#">41500</a>	\$85.05*	Removal of foreign body from ear (other than by simple syringing)
<b>Wound repair, ≤ 7cm, superficial</b>		
<a href="#">30026</a>	\$53.85*	Not face or neck
<a href="#">30032</a>	\$85.05*	Face or neck
<b>Wound repair, ≤ 7cm, deep</b>		
<a href="#">30029</a>	\$92.80*	Not face or neck
<a href="#">30035</a>	\$121.25*	Face or neck
<a href="#">47904</a>	\$58.25*	Toenail removal
<a href="#">47915</a>	\$174.80*	Ingrown toenail (wedge resection)
<a href="#">47916</a>	\$87.80*	Ingrown toenail (phenol, electrocautery/laser to nail bed)
<a href="#">32147</a>	\$46.50*	Incision of perianal thrombosis
<a href="#">32072</a>	\$49.35*	Sigmoidoscopic examination
<a href="#">30003</a>	\$37.45*	Dressing of localised burns

## Health assessments

Item no.	Fee	
<a href="#">701</a>	\$61.20	Brief < 30 mins
<a href="#">703</a>	\$142.20	Standard 30-45 mins
<a href="#">705</a>	\$196.25	Long 45-60 mins
<a href="#">707</a>	\$277.20	Prolonged ≥ 60 mins
<a href="#">715</a>	\$218.90	Indigenous Health Assessment (every 9 months)
<a href="#">699</a>	\$75.05*	Heart health assessment, lasting at least 20 minutes (annually)

### Eligible groups

- 40-49 year olds at high risk of diabetes (3 yearly)
- 45-49 year olds at risk of developing chronic disease (only once)
- people aged ≥ 75 years (annually)
- permanent RACF residents (annually)
- people with intellectual disability (annually)
- refugees with Medicare access (once only)
- former serving members of the ADF (once only)

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