

## MBS QUICK GUIDE NOVEMBER 2023

100% rebate for Medicare Benefits Schedule fee listed. 75% and/or 85% rebates apply to items marked \*

### ROUTINE HOURS CONSULTATIONS

IN THE SURGERY		
Item no	Fee	Level
3	\$18.95	Level A (Brief)
23	\$41.40	Level B (Standard 6-19 minutes)
36	\$80.10	Level C (Long 20-39 minutes)
44	\$118.00	Level D (Prolonged 40-59 minutes)
123	\$191.20	Level E (Prolonged ≥ 60minutes)

### RESIDENTIAL AGED CARE FACILITY (RACF)

90001	\$60.55	Flag fall service for each visit, first patient seen only. Applies to return visits same day, except for continuation of earlier episode of care.
90020	\$18.95	Level A (applicable to each patient seen)
90035	\$41.40	Level B (applicable to each patient seen)
90043	\$80.10	Level C (applicable to each patient seen)
90051	\$118.00	Level D (applicable to each patient seen)
90054	\$191.20	Level E (applicable to each patient seen)

### HOME/INSTITUTION/HOSPITAL VISITS (EXCLUDING RACF)

One patient seen		
Item no	Fee	Level
4	\$47.95*	Level A
24	\$70.40*	Level B
37	\$109.10*	Level C
47	\$147.00*	Level D
124	\$220.20*	Level E

### AFTER HOURS CONSULTATIONS – URGENT

585	\$142.90*	Urgent after hours (Mon-Fri: 7-8am, 6-11pm; Sat: 7-8am, 12noon-11pm; Sun/Public holiday: 7am-11pm)
599	\$168.40*	Urgent unsociable hours (between 11pm-7am)

### HEALTH ASSESSMENTS

715	\$233.65	Indigenous health assessment (every 9 months)	699	\$80.10	Heart health assessment (annually), ≥ 20mins, age ≥ 30yrs
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### ELIGIBLE GROUPS

<ul style="list-style-type: none"> <li>40-49-year-olds at high risk of diabetes (3 YEARLY)</li> <li>45-49-year-olds at risk of developing chronic disease (ONCE ONLY)</li> </ul>	<ul style="list-style-type: none"> <li>People aged ≥ 75 years (ANNUALLY)</li> <li>Permanent RACF residents (ANNUALLY)</li> <li>People with intellectual disability (ANNUALLY)</li> <li>Refugees with Medicare access (ONCE ONLY)</li> <li>Former serving members of the ADF (ONCE ONLY)</li> </ul>	
701	\$65.30	Brief < 30 mins
703	\$151.80	Standard 30-45 mins
705	\$209.45	Long 45-60 mins
707	\$295.90	Prolonged ≥ 60 mins

Summary of bulk billing incentives: [bit.ly/3QxnqgP](http://bit.ly/3QxnqgP)

### AFTER HOURS CONSULTATIONS – NON-URGENT

(Mon-Fri: before 8am/after 6 or 8pm; Sat: before 8am/after noon or 1pm; Sun/Public holiday: all day) \* Later times apply to surgery consults

IN THE SURGERY		
Item no	Fee	Level
5000	\$31.90	Level A
5020	\$53.90	Level B
5040	\$92.45	Level C
5060	\$129.65	Level D
5071	\$220.25	Level E

### RESIDENTIAL AGED CARE FACILITY (RACF)

One patient seen		
Item no	Fee	Level
5010	\$83.35	Level A
5028	\$105.35	Level B
5049	\$143.90	Level C
5067	\$181.10	Level D
5077	\$271.70	Level E

### HOME/INSTITUTION VISITS (EXCLUDING HOSPITAL/RACF)

One patient seen		
Item no	Fee	Level
5003	\$60.50	Level A
5023	\$82.50	Level B
5043	\$121.05	Level C
5063	\$158.25	Level D
5076	\$248.85	Level E

### HEALTH ASSESSMENTS

715	\$233.65	Indigenous health assessment (every 9 months)	699	\$80.10	Heart health assessment (annually), ≥ 20mins, age ≥ 30yrs
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### DVA ANNUAL VETERANS HEALTH CHECK – ELIGIBLE GROUPS

<ul style="list-style-type: none"> <li>Moved to civilian life from 1 July 2019</li> </ul>	<ul style="list-style-type: none"> <li>Served at least 1 day</li> <li>Have DVA card</li> </ul>	<ul style="list-style-type: none"> <li>First 5 yrs after transition</li> </ul>
Item no	DVA fee	Level
MT701	\$74.75	Brief < 30 mins
MT703	\$173.75	Standard 30-45 mins
MT705	\$239.70	Long 45-60mins
MT707	\$338.65	Prolonged ≥ 60mins

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## CHRONIC DISEASE / COMPLEX CARE MANAGEMENT

Item no		
721	\$158.80*	GP Management Plan (GPMP)
723	\$125.85*	Team Care Arrangement (TCA)
732	\$79.30*	Review of GPMP/TCA
10997	\$13.20	Service to patient with GPMP/TCA by practice nurse/ Aboriginal health practitioner (up to 5 per year)
10987	\$26.40	Service to an Indigenous patient, following health assessment, by practice nurse or Aboriginal health practitioner (up to 10 per year)
139	\$148.05	Assessment, diagnosis and plan for patient aged <25 with an eligible disability (see MBS), lasting ≥ 45 mins
729	\$77.50	Contribution/review of multidisciplinary care plan prepared by another provider, non-RACF resident
731	\$77.50	Contribution to/review of multidisciplinary care plan prepared by another provider, RACF resident
900	\$170.45	Domiciliary medication management review
903	\$116.70	Residential medication management review

## MENTAL HEALTH

<b>GP mental health treatment plan, WITHOUT mental health skills training</b>		
2700	\$78.95*	• 20-39 min consultation
2701	\$116.20*	• ≥ 40 min consultation
<b>WITH mental health skills training</b>		
2715	\$100.20*	• 20-39 min consultation
2717	\$147.65*	• ≥ 40 min consultation
2712	\$78.95*	Review of GP mental health treatment plan
2713	\$78.95	Mental health consultation lasting ≥ 20 mins
<b>GP eating disorders treatment plan, WITHOUT mental health skills training</b>		
90250	\$78.95	• 20-39 min consultation
90251	\$116.20	• ≥ 40 min consultation
<b>WITH mental health skills training</b>		
90252	\$100.20	• 20-39 min consultation
90253	\$147.65	• ≥ 40 min consultation
90264	\$78.95	GP review of eating disorders treatment and management plan
<b>Mental health case conferencing</b>		
<b>GP ORGANISED</b>		
930	\$77.85*	• 15-20 min
933	\$133.10*	• 20-40 min
935	\$221.90*	• ≥ 40 min
<b>GP PARTICIPATING</b>		
937	\$57.20*	• 15-20 min
943	\$98.00*	• 20-40 min
945	\$163.10*	• ≥ 40 min

## WOMEN'S HEALTH

Item no		
73806	\$10.15*	Urine pregnancy test
16500	\$51.90*	Routine antenatal attendance
16591	\$157.00*	Management of pregnancy >28/40 (including mental health assessment) by shared care GP who is not planning to perform the delivery
14206	\$39.20*	Administration of hormone implant by cannula (including Implanon)
30062	\$66.85*	Removal of Implanon
35503	\$88.25*	Insertion of IUD

## DIAGNOSTIC PROCEDURES

Item no		
11505	\$45.30*	Diagnostic spirometry – pre and post bronchodilator (one annually)
11506	\$22.65*	Disease monitoring spirometry – pre and post bronchodilator
11707	\$20.25*	12-lead ECG tracing only, no report
11607	\$113.35*	24-hr BP for suspected hypertension (patient not treated), including report and treatment plan
73812	\$11.80*	Hba1c point-of-care (POC) test for established diabetes, done by or on behalf of GP at an accredited practice for POC testing
73826	\$11.80*	Hba1c POC test for established diabetes, done by nurse practitioner at an accredited practice for POC testing

## MINOR PROCEDURES

Item no		
30071	\$57.50*	Diagnostic biopsy of skin
30072	\$57.50*	Diagnostic biopsy of mucous membrane
30192	\$43.50*	Ablative treatment of 10 or more premalignant skin lesions
30196	\$138.95*	Removal of malignant neoplasm of skin or mucous membrane (histopathologically-proven or dermatologist-confirmed), by serial curettage or laser excision/ablation
30202	\$53.20*	Removal of malignant neoplasm of skin or mucous membrane (histopathologically-proven or dermatologist-confirmed) by cryotherapy using repeat freeze thaw cycles
30064	\$120.95*	Removal of subcutaneous foreign body, requiring incision and exploration +/- wound closure
30061	\$25.90*	Removal of superficial foreign body, including cornea/sclera
30216	\$30.10*	Aspiration of haematoma
30219	\$30.10*	Incision and drainage of abscess/haematoma (excluding aftercare)
41500	\$90.75*	Removal of foreign body from ear (other than by simple syringing)
		Wound repair, ≤ 7cm, superficial
30026	\$57.50*	• not face or neck
30032	\$90.75*	• face or neck
		Wound repair, ≤ 7cm, deep
30029	\$99.10*	• not face or neck
30035	\$129.40*	• face or neck
47904	\$62.15*	Toenail removal
47915	\$186.55*	Ingrown toenail (wedge resection)
47916	\$93.70*	Ingrown toenail (phenol/electrocautery/laser to nail bed)
32147	\$49.60*	Incision of perianal thrombosis
32072	\$52.65*	Sigmoidoscopic examination
30003	\$40.00*	Dressing of localised burns



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