

# Desktop Guide

## For General Practice Services January 2025

Medical Practitioners  
(Non-VR GP, AGPT, PEP, FSP, or 19AB Exemption)  
MBS item numbers

## Acknowledgements

Northern Queensland Primary Health Network (NQPHN) acknowledges and thanks the organisations that contributed to the content used in this Desktop Guide. They include Queensland Aboriginal and Islander Health Council (QAIHC), PHNs, former Divisions of General Practice and Medicare Locals, National Peak Organisations, and Commonwealth Agencies.

## Introduction

This Desktop Guide is intended as a resource manual to assist General Practice staff to effectively coordinate care for their patients with chronic conditions. It provides comprehensive information regarding the MBS items relevant to patient treatment and conditions commonly treated in general practice. For current and comprehensive information about each MBS item number, please refer to the Medicare Benefits Schedule at MBS Online [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline). MBS Online is frequently updated as changes to the MBS occur.

## Feedback and comments

If you have any enquiries, or would like to provide feedback or comments regarding information provided in this Guide, please contact the Primary Care Engagement Team at [pce@nqphn.com.au](mailto:pce@nqphn.com.au)

## MBS Online

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*NQPHN 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.*



## Contents

- 4 Commonly used item numbers
- 7 Chronic disease management
- 8 Multidisciplinary case conference
- 9 Medication management review
- 10 Health Assessments
- 11 After hours
- 12 Mental health
- 14 Recently updated video conferencing (telehealth)
- 18 Menopause and Perimenopause Health Assessments
- 20 General disclaimer

## Consultation numbers

Item	Name	Description/Recommended frequency
179	Level A – Brief Consultation – in rooms	Professional attendance at consulting rooms of <b>not more than 5 minutes</b> in duration (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area.
181	Level A – Brief Consultation – home visit	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies), <b>not more than 5 minutes</b> in duration—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area. (See MBS Online for fee calculation).
90183	Level A – Brief Consultation – RACH visit	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of <b>not more than 5 minutes</b> in duration—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by medical practitioner in an eligible area. (See MBS Online for fee calculation).
185	Level B – Standard Consultation – in rooms	Professional attendance at consulting rooms of <b>more than 5 minutes in duration but not more than 25 minutes</b> (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area.
187	Level B – Standard Consultation – home visit	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of <b>more than 5 minutes in duration but not more than 25 minutes</b> —an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area. (See MBS Online for fee calculation).
90188	Level B – Standard Consultation – RACH visit	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of <b>more than 5 minutes in duration but not more than 25 minutes</b> —an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner in an eligible area. (See MBS Online for fee calculation).
189	Level C – Long Consultation – in rooms	Professional attendance at consulting rooms of <b>more than 25 minutes in duration but not more than 45 minutes</b> (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area.
191	Level C – Long Consultation – home visit	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of <b>more than 25 minutes in duration but not more than 45 minutes</b> —an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area. (See MBS Online for fee calculation).

For a comprehensive explanation of each MBS Item number please refer to the Medicare Benefits Schedule Online at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)

## Consultation numbers

Item	Name	Description/Recommended frequency
90202	Level C – Long Consultation – RACH visit	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of <b>more than 25 minutes in duration but not more than 45 minutes</b> —an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner in an eligible area. (See MBS Online for fee calculation).
203	Level D – Prolonged Consultation – in rooms	Professional attendance at consulting rooms of <b>more than 45 minutes</b> in duration (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area.
206	Level D – Prolonged Consultation – home visit	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of <b>more than 45 minutes</b> in duration—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area. (See MBS Online for fee calculation).
90212	Level D – Prolonged Consultation – RACH visit	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of <b>more than 45 minutes</b> in duration—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner in an eligible area. (See MBS Online for fee calculation).
10990	Bulk Billing Item	Department of Veteran Affairs (DVA), under 16s, and Commonwealth Concession Card holders. Can be claimed concurrently for eligible patients.
10991	Bulk Billing Item	DVA, under 16s, and Commonwealth Concession Card holders. Region specific. Can be claimed concurrently for eligible patients.
11506	Spirometry	Measurement of respiratory function before and after inhalation of bronchodilator.
11707	ECG	12 Lead Electrocardiography, tracing only.
11731	Implanted electrocardiogram loop recording	Implanted electrocardiogram loop recording, by a medical practitioner, including reprogramming when required; retrieval of stored data, analysis, interpretation and report by a medical practitioner. Applicable once in a 4 week period.

For a comprehensive explanation of each MBS Item number please refer to the Medicare Benefits Schedule Online at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)

## Extended consultation

Item	Name	Description/Recommended frequency
214	Brief Extended Consultation – Imminent danger of death	Professional attendance by a medical practitioner for a period of <b>not less than 1 hour but less than 2 hours</b> (other than a service to which another item applies) on a patient in imminent danger of death.
215	Standard Extended Consultation – Imminent danger of death	Professional attendance by a medical practitioner for a period of <b>not less than 2 hours but less than 3 hours</b> (other than a service to which another item applies) on a patient in imminent danger of death.
218	Long Extended Consultation – Imminent danger of death	Professional attendance by a medical practitioner for a period of <b>not less than 3 hours but less than 4 hours</b> (other than a service to which another item applies) on a patient in imminent danger of death.
219	Prolonged Extended Consultation – Imminent danger of death	Professional attendance by a medical practitioner for a period of <b>not less than 4 hours but less than 5 hours</b> (other than a service to which another item applies) on a patient in imminent danger of death.
220	Extra Prolonged Extended Consultation – Imminent danger of death	Professional attendance by a medical practitioner for a period of <b>5 hours or more</b> (other than a service to which another item applies) on a patient in imminent danger of death.

For a comprehensive explanation of each MBS Item number please refer to the Medicare Benefits Schedule Online at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)

## Chronic disease management

GP chronic condition management plans (GPCCMPs) are for patients with one or more chronic medical conditions who would benefit from a structured approach to their care. (A chronic medical condition that has been, or is likely to be present for at least six months or is terminal).

From 1 July 2025, items for GP management plans (229, 721, 92024, 92055), team care arrangements (230, 723, 92025, 92056), and reviews (233, 732, 92028, 92059) will cease and be replaced with a new streamlined GP chronic condition management plan (see below table for item numbers).

Item	Name	Description/Recommended frequency
<b>392</b>	Prepare a GP chronic condition management plan (GPCCMP) – face-to-face	A GP chronic condition management plan can be prepared once every 12 months (if necessary). It is not required that a new plan be prepared each year, existing plans can continue to be reviewed.
<b>92060</b>	Prepare a GP chronic condition management plan (GPCCMP) – video consult	Attendance by a medical practitioner, to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758 and items 235 to 240 apply).
<b>393</b>	Review a GP chronic condition management plan (GPCCMP) – face-to-face	Reviews can be conducted once every three (3) months.
<b>92061</b>	Review a GP chronic condition management plan (GPCCMP) – video consult	

To encourage reviews and ongoing care, the MBS fees for planning and review items will be equalised. The fee for the preparation or review of a plan will be \$156.55 for GPs and \$125.30 for prescribed medical practitioners.

Patients will also need to have their GP chronic condition management plan prepared or reviewed in the previous 18 months to continue to access allied health services.

- Consistent with current arrangements, unless exceptional circumstances apply, a GP chronic condition management plan can be prepared once every 12 months (if necessary) and reviews can be conducted once every 3 months. It is not required that a new plan be prepared each year, existing plans can continue to be reviewed.
- The current referral form for allied health services will no longer be required. Referrals will be in the form of referral letters, consistent with the arrangements for referrals to medical specialists.
- Patients that had a GP management plan and/or team care arrangement in place prior to 1 July 2025 will be able to continue to access services consistent with those plans for two years. From 1 July 2027, a GP chronic condition management plan will be required for ongoing access to allied health services.
- From 1 July 2027, a GP chronic condition management plan will be required to access domiciliary medication management reviews (items 245 and 900).
- These changes do not affect multidisciplinary care plan items (231, 232, 729, 731, 92026, 92027, 92057, 92058).

For a comprehensive explanation of each MBS Item number please refer to the Medicare Benefits Schedule Online at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)

## Multidisciplinary case conference

Item	Name	Description/Recommended frequency
235	Standard Organise and coordinate a case conference	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference <b>lasts for at least 15 minutes, but for less than 20 minutes</b> (other than a service associated with a service to which items 721 to 732 or items 229 to 233 apply).
236	Long Organise and coordinate a case conference	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference <b>lasts for at least 20 minutes, but for less than 40 minutes</b> (other than a service associated with a service to which items 721 to 732 or items 229 to 233 apply).
237	Prolonged Organise and coordinate a case conference	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference <b>lasts for at least 40 minutes</b> (other than a service associated with a service to which items 721 to 732 or items 229 to 233 apply).
238	Standard Participate in a case conference	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference <b>lasts for at least 15 minutes, but for less than 20 minutes</b> (other than a service associated with a service to which items 721 to 732 or items 229 to 233 apply).
239	Long Participate in a case conference	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference <b>lasts for at least 20 minutes, but for less than 40 minutes</b> (other than a service associated with a service to which items 721 to 732 or items 229 to 233 apply).
240	Prolonged Participate in a case conference	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference <b>lasts for at least 40 minutes</b> (other than a service associated with a service to which items 721 to 732 or items 229 to 233 apply).
243	Lead and coordinate a case conference for a patient with cancer	Attendance by a medical practitioner, as a member of a case conference team, to lead and coordinate a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary treatment plan, if the case conference is of <b>at least 10 minutes</b> , with a multidisciplinary team of <b>at least 3 other medical practitioners</b> from different areas of medical practice (which may include general practice), and, in addition, allied health providers.
244	Lead and coordinate a case conference for a patient with cancer	Attendance by a medical practitioner, as a member of a case conference team, to participate in a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary treatment plan, if the case conference is of <b>at least 10 minutes</b> , with a multidisciplinary team of <b>at least 4 medical practitioners</b> from different areas of medical practice (which may include general practice), and, in addition, allied health providers.



## Medication management review

Item	Name	Description/Recommended frequency
245	Domiciliary Medication Management Review (DMMR)	Participation by a medical practitioner in a Domiciliary Medication Management Review (DMMR) for a patient living in a community setting, in which the medical practitioner, with the patient's consent: (a) assesses the patient as: (i) having a chronic medical condition or a complex medication regimen; and (ii) not having their therapeutic goals met; and (b) following that assessment: (i) refers the patient to a community pharmacy or an accredited pharmacist for the DMMR; and (ii) provides relevant clinical information required for the DMMR; and (c) discusses with the reviewing pharmacist the results of the DMMR including suggested medication management strategies; and (d) develops a written medication management plan following discussion with the patient; and (e) provides the written medication management plan to a community pharmacy chosen by the patient For any particular patient—this item or item 900 is applicable not more than once in each 12 month period, except if there has been a significant change in the patient's condition or medication regimen requiring a new DMMR.
249	Residential Medication Management Review (RMMR)	Participation by a medical practitioner in a residential medication management review (RMMR) for a patient who is a permanent resident of a residential aged care facility—other than an RMMR for a resident in relation to whom, in the preceding 12 months, this item or item 903 has applied, unless there has been a significant change in the resident's medical condition or medication management plan requiring a new RMMR.

For a comprehensive explanation of each MBS Item number please refer to the Medicare Benefits Schedule Online at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)

## Health Assessments

Item	Name	Description/Recommended frequency
224	Brief Health Assessment	Professional attendance by a medical practitioner to perform a brief health assessment, <b>lasting not more than 30 minutes</b> and including: (a) collection of relevant information, including taking a patient history; and (b) a basic physical examination; and (c) initiating interventions and referrals as indicated; and (d) providing the patient with preventive health care advice and information.
225	Standard Health Assessment	Professional attendance by a medical practitioner to perform a standard health assessment, <b>lasting more than 30 minutes but less than 45 minutes</b> , including: (a) detailed information collection, including taking a patient history; and (b) an extensive physical examination; and (c) initiating interventions and referrals as indicated; and (d) providing a preventive health care strategy for the patient.
226	Long Health Assessment	Professional attendance by a medical practitioner to perform a long health assessment, <b>lasting at least 45 minutes but less than 60 minutes</b> , including: (a) comprehensive information collection, including taking a patient history; and (b) an extensive examination of the patient's medical condition and physical function; and (c) initiating interventions and referrals as indicated; and (d) providing a basic preventive health care management plan for the patient.
227	Prolonged Health Assessment	Professional attendance by a medical practitioner to perform a prolonged health assessment ( <b>lasting at least 60 minutes</b> ) including: (a) comprehensive information collection, including taking a patient history; and (b) an extensive examination of the patient's medical condition, and physical, psychological and social function; and (c) initiating interventions or referrals as indicated; and (d) providing a comprehensive preventive health care management plan for the patient.
228	Aboriginal and Torres Strait Islander Health Assessment	Professional attendance by a medical practitioner at consulting rooms or in another place other than a hospital or residential aged care facility, for a health assessment of a patient who is of Aboriginal or Torres Strait Islander descent—this item or item 715 not more than once in a 9 month period.

For a comprehensive explanation of each MBS Item number please refer to the Medicare Benefits Schedule Online at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)

## After hours

Attendance period	Item no.	Brief guide
<b>After hours – In rooms</b>		These items can only be used for the first patient. If more than one patient is seen on the one occasion, other items apply to a maximum of six patients.
<b>Monday to Friday</b> 7am–8am or 6pm–11pm	733 (<5 minutes 1 patient) 737 (5–25 minutes 1 patient) 741 (25–45 minutes 1 patient) 745 (>45 minutes 1 patient)	
<b>Saturday</b> 7am–8am or 12pm–11pm	761-769 (>1–6 patients)	
<b>Sunday and public holidays</b> 7am–11pm		
<b>After hours – at a place other than consulting rooms</b>		For consultations at the health centre, if more than one patient is seen on the one occasion, these items apply to a maximum of six patients.
<b>Monday to Friday</b> Before 8am or after 6pm	772 (<5 minutes >1–6 patient) 776 (5-25 minutes >1–6 patient) 788 (25-45 minutes >1–6 patient) 789 (>45minutes >1–6 patients)	
<b>Saturday</b> Before 8am or after 12pm		
<b>Sunday and public holidays</b> All day		

For a comprehensive explanation of each MBS Item number please refer to the Medicare Benefits Schedule Online at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)

## Mental health

Item	Name	Description/Recommended frequency
272	Standard Consultation – GP Mental Health Treatment Plan	Professional attendance by a medical practitioner (who <b>has not</b> undertaken mental health skills training) of <b>at least 20 minutes but less than 40 minutes</b> in duration for the preparation of a GP mental health treatment plan for a patient.
276	Long Consultation – GP Mental Health Treatment Plan	Professional attendance by a medical practitioner (who <b>has not</b> undertaken mental health skills training) of <b>at least 40 minutes</b> in duration for the preparation of a GP mental health treatment plan for a patient.
277	Review of GP Mental Health Treatment Plan	Professional attendance by a medical practitioner to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan.
279	Standard Consultation – Mental Health Consultation	Professional attendance by a medical practitioner in relation to a mental disorder and of <b>at least 20 minutes</b> in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation.
281	Standard Consultation – GP Mental Health Treatment Plan	Professional attendance by a medical practitioner (who has undertaken mental health skills training) of <b>at least 20 minutes but less than 40 minutes</b> in duration for the preparation of a GP mental health treatment plan for a patient.
282	Long Consultation – GP Mental Health Treatment Plan	Professional attendance by a medical practitioner (who has undertaken mental health skills training) of <b>at least 40 minutes</b> in duration for the preparation of a GP mental health treatment plan for a patient.
283	Standard GP Focused Psychological Strategies – in rooms	Professional attendance at consulting rooms by a medical practitioner, for providing focused psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and lasting <b>at least 30 minutes, but less than 40 minutes</b> .
285	Standard GP Focused Psychological Strategies – out of rooms	Professional attendance at a place other than consulting rooms by a medical practitioner, for providing focused psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and lasting <b>at least 30 minutes, but less than 40 minutes</b> . (See MBS Online for fee calculation).
286	Long GP Focused Psychological Strategies – in rooms	Professional attendance at consulting rooms by a medical practitioner, for providing focused psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and <b>lasting at least 40 minutes</b> .
287	Long GP Focused Psychological Strategies – out of rooms	Professional attendance at a place other than consulting rooms by a medical practitioner, for providing focused psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and <b>lasting at least 40 minutes</b> . (See MBS Online for fee calculation).

For a comprehensive explanation of each MBS Item number please refer to the Medicare Benefits Schedule Online at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)

## Mental health

Item	Name	Description/Recommended frequency
792	Non-directive pregnancy support counselling	Professional attendance of <b>at least 20 minutes</b> in duration at consulting rooms by a medical practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: (a) is currently pregnant; or (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or items 4001, 81000, 81005, or 81010 applies in relation to that pregnancy.

\*Many patients will not require a new plan after their initial plan has been prepared. A new plan should not be prepared unless clinically required, and generally not within 12 months of a previous plan. Ongoing management can be provided through the GP Mental Health Treatment Consultation and standard consultation items, as required, and reviews of progress through the GP Mental Health Treatment Plan Review item. A rebate for preparation of a GP Mental Health Treatment Plan will not be paid within 12 months of a previous claim for the patient for the same or another Mental Health Treatment Plan item or within three months following a claim for a GP Mental Health Treatment Review (item 277), other than in exceptional circumstances.

- + The recommended frequency for the review service, allowing for variation in patients' needs, is:
- > an initial review, which should occur between four weeks to six months after the completion of a GP Mental Health Treatment Plan; and
  - > if required, a further review can occur three months after the first review.

In general, most patients should not require more than two reviews in a 12-month period, with ongoing management through the GP Mental Health Treatment Consultation and standard consultation items, as required.

For a comprehensive explanation of each MBS Item number please refer to the Medicare Benefits Schedule Online at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)

## Recently updated video conferencing (telehealth)

Medicare Benefit Schedule (MBS) telehealth (video and phone) items are permanent and nationally available. Make sure you read the relevant item descriptions, fact sheets, and explanatory notes for [MBS telehealth services](#) on the MBS Online website.

MBS telehealth items have the same clinical requirements as the corresponding face-to-face consultation items and have the same MBS benefit.

Video services are the preferred approach for substituting a face-to-face consultation. You can provide some services by phone where clinically appropriate. Video and phone services have different MBS item numbers.

Telehealth attendance items can't be claimed for services provided to admitted hospital and hospital in-the-home patients, except for some psychiatry MBS telehealth items.

MBS telehealth items can't be used for email consultations.

Direct Medicare provider enquiries to [Services Australia](#).

## Chronic disease management (CDM)

Chronic disease management (CDM) items are for health professionals in general practice to plan and coordinate the health care of patients with chronic or terminal medical conditions.

You can use the following attendance items if you're working in general practice.

Learn more about [CDM plans](#) and the rules for billing MBS Items for [CDM plans and Team Care Arrangements](#).

Health professional	Name	Video item
Prescribed medical practitioner	Preparation of a GP Management Plan	92055
	Coordinate Team Care Arrangements	92056
	Contribute to a multidisciplinary plan or review of a plan	92057-92058
	Review a GP Management Plan or Team Care Arrangements	92059

## Better Access initiative – supporting mental health care

Items under the Better Access initiative support patients to:

- › have a Mental Health Treatment Plan (MHTP) created by their usual medical practitioner
- › access up to 10 individual psychological treatment services
- › access up to 10 group psychological treatment services.

You can use these attendance items if you're working in general practice.

For a comprehensive explanation of each MBS Item number please refer to the Medicare Benefits Schedule Online at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)

## Recently updated video conferencing (telehealth)

### Telehealth items for eligible practitioners

You can use these attendance items if you're working in general practice.

Health professional	Name	Video item	Phone item
Prescribed medical practitioner	Prepare a GP MHTP	92118-92119 92122-92123	N/A
	Review a GP MHTP	92120	92132
	Manage a patient's mental health condition	92121	92133
	Provide focused psychological strategies services	91820-91821	91844-91845

### Telehealth services for family and carer participation

You can use these items to deliver up to two Better Access services each calendar year to family or carers of the patient.

Health professional	Video item	Phone item
Prescribed medical practitioner	91862-91863	91866-91867
Social worker	91196-91197	91204-91205

Any services delivered using these MBS items count towards the patient's calendar year allocation for individual services, under Better Access.

Learn more about these [Better Access requirements](#) on the MBS Online website.

You can use the following telehealth items for eating disorder treatment and management plans.

Health professional	Name	Video item	Phone item
Medical practitioner (no mental health skills training)	Prepare an eating disorder treatment and management plan	92150-92151	N/A
Medical practitioner (with mental health skills training)	Prepare an eating disorder treatment and management plan	92152-92153	N/A
Medical practitioner	Review an eating disorder treatment and management plan	92171	92177

You can use these attendance items if you're registered with Medicare to provide focused psychological strategies (FPS).

Health professional	Name	Video item	Phone item
Medical practitioner (FPS)	Provide eating disorder psychological treatment services	92186 92188	92198 92200

For a comprehensive explanation of each MBS Item number please refer to the Medicare Benefits Schedule Online at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)

## Recently updated video conferencing (telehealth)

MBS telehealth items are available for assessment, diagnosis, creation of a treatment and management plan, and allied health treatment. You can use these items if you're an eligible practice nurse.

There are requirements you must meet to bill these items.

If you perform these services on behalf of a supervising medical practitioner, you can claim these items using the medical practitioner's provider number.

Name	Video item	Phone item
Antenatal service	91850	91855
Chronic condition management attendance	93201	93203
Follow-up service after a health assessment for an Aboriginal and/or Torres Strait Islander patient	93200	93202

## Participating midwives

You can use these items if you're an eligible midwife and have provided antenatal and postnatal services to a patient. There are requirements you must meet to bill these items.

Name	Video item	Phone item
Attendance item to provide antenatal services	91211-91212	91218-91219
Attendance item to provide postnatal services	91214-91215	91221-91222

If you perform these services on behalf of a supervising medical practitioner, you can claim these items using the medical practitioner's provider number.

Name	Video item	Phone item
Antenatal service on behalf of, and under the supervision of, a medical practitioner.	91850	91855
Postnatal attendance on behalf of and under the supervision of the medical practitioner.	91852	91857

Learn more about [MBS telehealth services](#) on the MBS Online website.

## Nurse Practitioners

You can use these items if you're an eligible nurse practitioner. There are requirements you must meet to bill these items.

Name	Video item	Phone item
Attendance for an obvious problem.	91192	91193
Attendance <b>less than 20 minutes</b> .	91178	91189
Attendance <b>at least 20 minutes</b> .	91179	91190
Attendance <b>at least 40 minutes</b> .	91180	91191

Find out more about [MBS telehealth services](#) on the MBS Online website.

For a comprehensive explanation of each MBS Item number please refer to the Medicare Benefits Schedule Online at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)





## Recently updated video conferencing (telehealth)

### Aboriginal and Torres Strait Islander health practitioners and Aboriginal health workers

You can use these items if you're an Aboriginal and Torres Strait Islander health practitioner or Aboriginal health worker. There are requirements you must meet to bill these items.

Name	Video item	Phone item
Individual allied health service for chronic disease management.	93000	93013
Follow-up allied health service for people of Aboriginal or Torres Strait Islander descent.	93048	93061

If you perform these services on behalf of a supervising medical practitioner, you can bill these items using the medical practitioner's provider number. These items don't apply for patients admitted to hospital unless noted otherwise.

Name	Video item	Phone item
Telehealth support service	10983	N/A
Follow up service for an Indigenous patient who has received a health assessment.	93200	93202
Monitoring and support for a person with chronic disease.	93201	93203
Antenatal service.	91850	91855

For a comprehensive explanation of each MBS Item number please refer to the Medicare Benefits Schedule Online at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)

## Menopause and Perimenopause Health Assessments


From 1 July 2025, Australian women can book a Medicare-rebated menopause or perimenopause health assessment with their GP. Two new MBS items (**695 for GPs and 19000 for other approved doctors**) pay for a 20-minute, whole-person consult that looks at everything from hot flushes to bone health. The full item descriptor(s) and information on other changes to the MBS can be found on the [MBS Online website](#). You can also subscribe to future MBS updates by visiting 'Subscribe to the MBS' on the MBS Online website.

Providers seeking advice on interpretation of MBS items, explanatory notes and associated legislation can use the department's email advice service by emailing [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line on 13 21 50.

Item	Name	Description/Recommended frequency
19000	Menopause and Perimenopause Health Assessments (MBS item 19000)	<p>As part of the health assessment providers must include, but are not limited to the following clinical activities:</p> <ul style="list-style-type: none"><li>➤ collection of relevant information, including taking a patient history to determine pre-, peri- or post-menopausal status, patient wellbeing and contraindications for management; and</li><li>➤ a basic physical examination, including recording blood pressure, and review of height and weight; and</li><li>➤ initiating investigations and referrals as clinically indicated, with consideration given to the need for cervical screening, mammography and bone densitometry; and</li><li>➤ discussion of management options including non-pharmacological and pharmacological strategies including risks and benefits; and</li><li>➤ implementing a management plan which includes patient centred symptoms management; and</li><li>➤ providing the patient with preventative health care advice and information as clinically indicated, including advice on physical activity, smoking cessation, alcohol consumption, nutritional intake and weight management.</li></ul>

*Table continued on next page.*



Item	Name	Description/Recommended frequency
19000	Menopause and Perimenopause Health Assessments (MBS item 19000)	<p>Practice nurses, Aboriginal health workers, and Aboriginal and Torres Strait Islander health practitioners engaged by the practice may assist in accordance with accepted medical practice under the supervision of the medical practitioner.</p> <p>Assistance provided must be in accordance with accepted medical practice and under the supervision of the GP or PMP. This may include activities associated with:</p> <ul style="list-style-type: none"> <li>➤ information collection, and</li> <li>➤ providing patients with information about recommended interventions, at the direction of the medical practitioner.</li> </ul> <p>The GP or PMP should be satisfied that the assisting health professional has the necessary skills, expertise and training to collect the information required for the health assessment.</p> <p>Providers will need to familiarise themselves with the requirements of the new items. The items are located in the MBS within Subheading 1 (Health Assessments) of Group A14 (Health assessments) and Subgroup 5 (Prescribed medical practitioner health assessments) of Group A7 (Acupuncture and non-specialist practitioner items).</p> <p>Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in legislation.</p> <p>Providers may also wish to refer to A Practitioner's Toolkit for Managing Menopause for guidance with this assessment.</p>



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