

## MBS QUICK GUIDE JULY 2025

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		
3	\$20.05	Level A (Brief)
23	\$43.90	Level B (Standard 6-19 minutes)
36	\$84.90	Level C (Long 20-39 minutes)
44	\$125.10	Level D (Prolonged 40-59 minutes)
123	\$202.65	Level E (Prolonged ≥ 60 minutes)
RESIDENTIAL AGED CARE FACILITY (RACF)		
90001	\$64.15	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	\$20.05	Level A (applicable to each patient seen)
90035	\$43.90	Level B (applicable to each patient seen)
90043	\$84.90	Level C (applicable to each patient seen)
90051	\$125.10	Level D (applicable to each patient seen)
90054	\$202.65	Level E (applicable to each patient seen)
HOME/INSTITUTION/HOSPITAL VISITS (EXCLUDING RACF)		
One patient seen		
4	\$50.75*	Level A
24	\$74.60*	Level B
37	\$115.60*	Level C
47	\$155.80*	Level D
124	\$233.35*	Level E

### 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		
5000	\$33.80	Level A
5020	\$57.15	Level B
5040	\$98.00	Level C
5060	\$137.40	Level D
5071	\$233.40	Level E
RESIDENTIAL AGED CARE FACILITY (RACF)		
One patient seen		
5010	\$88.35	Level A
5028	\$111.70	Level B
5049	\$152.55	Level C
5067	\$191.95	Level D
5077	\$287.95	Level E
HOME/INSTITUTION VISITS (EXCLUDING HOSPITAL/RACF)		
One patient seen		
5003	\$64.10	Level A
5023	\$87.45	Level B
5043	\$128.30	Level C
5063	\$167.70	Level D
5076	\$263.70	Level E

### AFTER HOURS CONSULTATIONS – URGENT

585	\$151.45*	Urgent after hours (Mon-Fri: 7-8am, 6-11pm; Sat: 7-8am, 12noon-11pm; Sun/Public holiday: 7am-11pm)
599	\$178.50*	Urgent unsociable hours (between 11pm-7am)

### HEALTH ASSESSMENTS

695	\$101.90	Menopause and perimenopause health assessment, ≥ 20mins
699	\$84.90	Heart health assessment (annually), ≥ 20mins, age ≥ 30yrs
715	\$247.65	Indigenous health assessment (every 9 months)

#### ELIGIBLE GROUPS

- 40-49-year-olds at high risk of diabetes (3 YEARLY)
- 45-49-year-olds at risk of developing chronic disease (ONCE ONLY)
- 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)

701	\$69.20	Brief < 30 mins
703	\$160.85	Standard 30-45 mins
705	\$222.00	Long 45-60 mins
707	\$313.60	Prolonged ≥ 60 mins

#### DVA ANNUAL VETERANS HEALTH CHECK – ELIGIBLE GROUPS

- Moved to civilian life from 1 July 2019
- Served at least 1 day
- Have DVA card
- First 5 yrs after transition

Item no	DVA fee	
MT701	\$77.75	Brief < 30 mins
MT703	\$180.70	Standard 30-45 mins
MT705	\$249.35	Long 45-60mins
MT707	\$352.20	Prolonged ≥ 60mins

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

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## CHRONIC DISEASE/ COMPLEX CARE MANAGEMENT

Item no		
<b>965</b>	\$156.55*	Prepare a GP chronic condition management plan (GPCCMP)
<b>967</b>	\$156.55*	Review of GPCCMP
<b>10997</b>	\$14.00	Service to patient with GPMP/TCA by practice nurse/ Aboriginal health practitioner (up to 5 per year)
<b>10987</b>	\$27.95	Service to an Indigenous patient, following health assessment, by practice nurse or Aboriginal health practitioner (up to 10 per year)
<b>139</b>	\$156.95	Assessment, diagnosis and plan for patient aged <25 with an eligible disability (see MBS), lasting ≥ 45 mins
<b>729</b>	\$82.10	Contribution/review of multidisciplinary care plan prepared by another provider, non-RACF resident
<b>731</b>	\$82.10	Contribution to/review of multidisciplinary care plan prepared by another provider, RACF resident
<b>900</b>	\$180.65	Domiciliary medication management review
<b>903</b>	\$123.70	Residential medication management review

## MENTAL HEALTH

<b>GP mental health treatment plan, WITHOUT mental health skills training</b>		
<b>2700</b>	\$83.65*	• 20-39 min consultation
<b>2701</b>	\$123.15*	• ≥ 40 min consultation
<b>WITH mental health skills training</b>		
<b>2715</b>	\$106.20*	• 20-39 min consultation
<b>2717</b>	\$156.45*	• ≥ 40 min consultation
<b>2712</b>	\$83.65*	Review of GP mental health treatment plan
<b>2713</b>	\$83.65	Mental health consultation lasting ≥ 20 mins
<b>GP eating disorders treatment plan, WITHOUT mental health skills training</b>		
<b>90250</b>	\$83.65	• 20-39 min consultation
<b>90251</b>	\$123.15	• ≥ 40 min consultation
<b>WITH mental health skills training</b>		
<b>90252</b>	\$106.20	• 20-39 min consultation
<b>90253</b>	\$156.45	• ≥ 40 min consultation
<b>90264</b>	\$83.65	GP review of eating disorders treatment and management plan
<b>Mental health case conferencing GP ORGANISED</b>		
<b>930</b>	\$82.50*	• 15-20 min
<b>933</b>	\$141.05*	• 20-40 min
<b>935</b>	\$235.15*	• ≥ 40 min
<b>GP PARTICIPATING</b>		
<b>937</b>	\$60.60*	• 15-20 min
<b>943</b>	\$103.90*	• 20-40 min
<b>945</b>	\$172.85*	• ≥ 40 min

## WOMEN'S HEALTH

Item no		
<b>73806</b>	\$10.15*	Urine pregnancy test
<b>16500</b>	\$55.00*	Routine antenatal attendance
<b>16591</b>	\$166.40*	Management of pregnancy >28/40 (including mental health assessment) by shared care GP who is not planning to perform the delivery
<b>16407</b>	\$83.65*	4-8 weeks postnatal attendance, > 20 min, including mental health and DV assessment
<b>14206</b>	\$41.50*	Administration of hormone implant by cannula (including Implanon)
<b>30062</b>	\$70.85*	Removal of Implanon
<b>35503</b>	\$93.55*	Insertion of IUD

## DIAGNOSTIC PROCEDURES

Item no		
<b>11505</b>	\$48.05*	Diagnostic spirometry – pre and post bronchodilator (one annually)
<b>11506</b>	\$24.00*	Disease monitoring spirometry – pre and post bronchodilator
<b>11707</b>	\$21.45*	12-lead ECG tracing only, no report
<b>11607</b>	\$120.10*	24-hr BP for suspected hypertension (patient not treated), including report and treatment plan
<b>73812</b>	\$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
<b>73826</b>	\$11.80*	HbA1c POC test for established diabetes, done by nurse practitioner at an accredited practice for POC testing

## MINOR PROCEDURES

Item no		
<b>30071</b>	\$60.95*	Diagnostic biopsy of skin
<b>30072</b>	\$60.95*	Diagnostic biopsy of mucous membrane
<b>30192</b>	\$46.10*	Ablative treatment of 10 or more premalignant skin lesions
<b>30196</b>	\$147.25*	Removal of malignant neoplasm of skin or mucous membrane (histopathologically-proven or dermatologist-confirmed), by serial curettage or laser excision/ablation
<b>30202</b>	\$56.35*	Removal of malignant neoplasm of skin or mucous membrane (histopathologically-proven or dermatologist-confirmed) by cryotherapy using repeat freeze thaw cycles
<b>30064</b>	\$128.20*	Removal of subcutaneous foreign body, requiring incision and exploration +/- wound closure
<b>30061</b>	\$27.45*	Removal of superficial foreign body, including cornea/sclera
<b>30216</b>	\$31.90*	Aspiration of haematoma
<b>30219</b>	\$31.90*	Incision and drainage of abscess/haematoma (excluding aftercare)
<b>41500</b>	\$96.20*	Removal of foreign body from ear (other than by simple syringing)
		Wound repair, ≤ 7cm, superficial
<b>30026</b>	\$60.95*	• not face or neck
<b>30032</b>	\$96.20*	• face or neck
		Wound repair, ≤ 7cm, deep
<b>30029</b>	\$105.00*	• not face or neck
<b>30035</b>	\$137.15*	• face or neck
<b>47904</b>	\$65.90*	Toenail removal
<b>47915</b>	\$197.75*	Ingrown toenail (wedge resection)
<b>47916</b>	\$99.35*	Ingrown toenail (phenol/electrocautery/laser to nail bed)
<b>32147</b>	\$52.60*	Incision of perianal thrombosis
<b>32072</b>	\$55.80*	Sigmoidoscopic examination
<b>30003</b>	\$42.40*	Dressing of localised burns



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