

MBS QUICK GUIDE JUNE 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 | \$19.60 | Level A (Brief) |
| 23 | \$42.85 | Level B (Standard 6-19 minutes) |
| 36 | \$82.90 | Level C (Long 20-39 minutes) |
| 44 | \$122.15 | Level D (Prolonged 40-59 minutes) |
| 123 | \$197.90 | Level E (Prolonged ≥ 60minutes) |

RESIDENTIAL AGED CARE FACILITY (RACF)

| | | |
|-------|----------|---|
| 90001 | \$62.65 | 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 | \$19.60 | Level A (applicable to each patient seen) |
| 90035 | \$42.85 | Level B (applicable to each patient seen) |
| 90043 | \$82.90 | Level C (applicable to each patient seen) |
| 90051 | \$122.15 | Level D (applicable to each patient seen) |
| 90054 | \$197.90 | Level E (applicable to each patient seen) |

HOME/INSTITUTION/HOSPITAL VISITS (EXCLUDING RACF)

| | One patient seen | |
|-----|------------------|---------|
| 4 | \$49.60* | Level A |
| 24 | \$72.85* | Level B |
| 37 | \$112.90* | Level C |
| 47 | \$152.15* | Level D |
| 124 | \$227.90* | 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 | \$33.00 | Level A |
| 5020 | \$55.80 | Level B |
| 5040 | \$95.70 | Level C |
| 5060 | \$134.20 | Level D |
| 5071 | \$227.95 | Level E |

RESIDENTIAL AGED CARE FACILITY (RACF)

| | One patient seen | |
|------|------------------|---------|
| 5010 | \$86.25 | Level A |
| 5028 | \$109.05 | Level B |
| 5049 | \$148.95 | Level C |
| 5067 | \$187.45 | Level D |
| 5077 | \$281.20 | Level E |

HOME/INSTITUTION VISITS (EXCLUDING HOSPITAL/RACF)

| | One patient seen | |
|------|------------------|---------|
| 5003 | \$62.60 | Level A |
| 5023 | \$85.40 | Level B |
| 5043 | \$125.30 | Level C |
| 5063 | \$163.80 | Level D |
| 5076 | \$257.55 | Level E |

AFTER HOURS CONSULTATIONS – URGENT

| | | |
|-----|-----------|--|
| 585 | \$147.90* | Urgent after hours (Mon-Fri: 7-8am, 6-11pm; Sat: 7-8am, 12noon-11pm; Sun/Public holiday: 7am-11pm) |
| 599 | \$174.30* | Urgent unsociable hours (between 11pm-7am) |

HEALTH ASSESSMENTS

| | | |
|-----|----------|---|
| 715 | \$241.85 | Indigenous health assessment (every 9 months) |
| 699 | \$82.90 | Heart health assessment (annually), ≥ 20mins, age ≥ 30yrs |

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 | \$67.60 | Brief < 30 mins |
| 703 | \$157.10 | Standard 30-45 mins |
| 705 | \$216.80 | Long 45-60 mins |
| 707 | \$306.25 | Prolonged ≥ 60 mins |

DVA ANNUAL VETERANS HEALTH CHECK – ELIGIBLE GROUPS

- Moved to civilian life from 1 July 2019
 - Served at least 1 day
 - First 5 yrs after transition
 - Have DVA card
- | Item no | DVA fee | |
|---------|----------|---------------------|
| MT701 | \$75.10 | Brief < 30 mins |
| MT703 | \$174.60 | Standard 30-45 mins |
| MT705 | \$240.90 | Long 45-60mins |
| MT707 | \$340.30 | Prolonged ≥ 60mins |

Summary of bulk billing incentives: bit.ly/3QxnqgP

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CHRONIC DISEASE/ COMPLEX CARE MANAGEMENT

| Item no | | |
|--------------|-----------|--|
| 721 | \$164.35* | GP Management Plan (GPMP) |
| 723 | \$130.25* | Team Care Arrangement (TCA) |
| 732 | \$82.10* | Review of GPMP/TCA |
| 10997 | \$13.65 | Service to patient with GPMP/TCA by practice nurse/ Aboriginal health practitioner (up to 5 per year) |
| 10987 | \$27.30 | Service to an Indigenous patient, following health assessment, by practice nurse or Aboriginal health practitioner (up to 10 per year) |
| 139 | \$153.25 | Assessment, diagnosis and plan for patient aged <25 with an eligible disability (see MBS), lasting ≥ 45 mins |
| 729 | \$80.20 | Contribution/review of multidisciplinary care plan prepared by another provider, non-RACF resident |
| 731 | \$80.20 | Contribution to/review of multidisciplinary care plan prepared by another provider, RACF resident |
| 900 | \$176.40 | Domiciliary medication management review |
| 903 | \$120.80 | Residential medication management review |

MENTAL HEALTH

| | | |
|--|-----------|---|
| GP mental health treatment plan, WITHOUT mental health skills training | | |
| 2700 | \$81.70* | • 20-39 min consultation |
| 2701 | \$120.25* | • ≥ 40 min consultation |
| WITH mental health skills training | | |
| 2715 | \$103.70* | • 20-39 min consultation |
| 2717 | \$152.80* | • ≥ 40 min consultation |
| 2712 | \$81.70* | Review of GP mental health treatment plan |
| 2713 | \$81.70 | Mental health consultation lasting ≥ 20 mins |
| GP eating disorders treatment plan, WITHOUT mental health skills training | | |
| 90250 | \$81.70 | • 20-39 min consultation |
| 90251 | \$120.25 | • ≥ 40 min consultation |
| WITH mental health skills training | | |
| 90252 | \$103.70 | • 20-39 min consultation |
| 90253 | \$152.80 | • ≥ 40 min consultation |
| 90264 | \$81.70 | GP review of eating disorders treatment and management plan |
| Mental health case conferencing | | |
| GP ORGANISED | | |
| 930 | \$80.55* | • 15-20 min |
| 933 | \$137.75* | • 20-40 min |
| 935 | \$229.65* | • ≥ 40 min |
| GP PARTICIPATING | | |
| 937 | \$59.20* | • 15-20 min |
| 943 | \$101.45* | • 20-40 min |
| 945 | \$168.80* | • ≥ 40 min |

WOMEN'S HEALTH

| Item no | | |
|--------------|-----------|---|
| 73806 | \$10.15* | Urine pregnancy test |
| 16500 | \$53.70* | Routine antenatal attendance |
| 16591 | \$162.50* | Management of pregnancy >28/40 (including mental health assessment) by shared care GP who is not planning to perform the delivery |
| 16407 | \$81.70* | 4-8 weeks postnatal attendance, > 20 min, including mental health and DV assessment |
| 14206 | \$40.55* | Administration of hormone implant by cannula (including Implanon) |
| 30062 | \$69.20* | Removal of Implanon |
| 35503 | \$91.35* | Insertion of IUD |

DIAGNOSTIC PROCEDURES

| Item no | | |
|--------------|-----------|---|
| 11505 | \$46.90* | Diagnostic spirometry – pre and post bronchodilator (one annually) |
| 11506 | \$23.45* | Disease monitoring spirometry – pre and post bronchodilator |
| 11707 | \$20.95* | 12-lead ECG tracing only, no report |
| 11607 | \$117.30* | 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 | \$59.50* | Diagnostic biopsy of skin |
| 30072 | \$59.50* | Diagnostic biopsy of mucous membrane |
| 30192 | \$45.00* | Ablative treatment of 10 or more premalignant skin lesions |
| 30196 | \$143.80* | Removal of malignant neoplasm of skin or mucous membrane (histopathologically-proven or dermatologist-confirmed), by serial curettage or laser excision/ablation |
| 30202 | \$55.05* | Removal of malignant neoplasm of skin or mucous membrane (histopathologically-proven or dermatologist-confirmed) by cryotherapy using repeat freeze thaw cycles |
| 30064 | \$125.20* | Removal of subcutaneous foreign body, requiring incision and exploration +/- wound closure |
| 30061 | \$26.80* | Removal of superficial foreign body, including cornea/sclera |
| 30216 | \$31.15* | Aspiration of haematoma |
| 30219 | \$31.15* | Incision and drainage of abscess/haematoma (excluding aftercare) |
| 41500 | \$93.95* | Removal of foreign body from ear (other than by simple syringing) |
| | | Wound repair, ≤ 7cm, superficial |
| 30026 | \$59.50* | • not face or neck |
| 30032 | \$93.95* | • face or neck |
| | | Wound repair, ≤ 7cm, deep |
| 30029 | \$102.55* | • not face or neck |
| 30035 | \$133.95* | • face or neck |
| 47904 | \$64.35* | Toenail removal |
| 47915 | \$193.10* | Ingrown toenail (wedge resection) |
| 47916 | \$97.00* | Ingrown toenail (phenol/electrocautery/laser to nail bed) |
| 32147 | \$51.35* | Incision of perianal thrombosis |
| 32072 | \$54.50* | Sigmoidoscopic examination |
| 30003 | \$41.40* | Dressing of localised burns |



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