

## MBS QUICK GUIDE AUGUST 2024

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

ROUTINE HOURS CONSULTATIONS			AFTER HOURS CONSULTATIONS – NON-URGENT		
IN THE SURGERY			IN THE SURGERY		
<b>Item no</b>			<b>Item no</b>		
<b>3</b>	\$19.60	Level A (Brief)	<b>5000</b>	\$33.00	Level A
<b>23</b>	\$42.85	Level B (Standard 6-19 minutes)	<b>5020</b>	\$55.80	Level B
<b>36</b>	\$82.90	Level C (Long 20-39 minutes)	<b>5040</b>	\$95.70	Level C
<b>44</b>	\$122.15	Level D (Prolonged 40-59 minutes)	<b>5060</b>	\$134.20	Level D
<b>123</b>	\$197.90	Level E (Prolonged ≥ 60minutes)	<b>5071</b>	\$227.95	Level E
RESIDENTIAL AGED CARE FACILITY (RACF)			RESIDENTIAL AGED CARE FACILITY (RACF)		
<b>90001</b>	\$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.	<b>One patient seen</b>		
<b>90020</b>	\$19.60	Level A (applicable to each patient seen)	<b>5010</b>	\$86.25	Level A
<b>90035</b>	\$42.85	Level B (applicable to each patient seen)	<b>5028</b>	\$109.05	Level B
<b>90043</b>	\$82.90	Level C (applicable to each patient seen)	<b>5049</b>	\$148.95	Level C
<b>90051</b>	\$122.15	Level D (applicable to each patient seen)	<b>5067</b>	\$187.45	Level D
<b>90054</b>	\$197.90	Level E (applicable to each patient seen)	<b>5077</b>	\$281.20	Level E
HOME/INSTITUTION/HOSPITAL VISITS (EXCLUDING RACF)			HOME/INSTITUTION VISITS (EXCLUDING HOSPITAL/RACF)		
<b>One patient seen</b>			<b>One patient seen</b>		
<b>4</b>	\$49.60*	Level A	<b>5003</b>	\$62.60	Level A
<b>24</b>	\$72.85*	Level B	<b>5023</b>	\$85.40	Level B
<b>37</b>	\$112.90*	Level C	<b>5043</b>	\$125.30	Level C
<b>47</b>	\$152.15*	Level D	<b>5063</b>	\$163.80	Level D
<b>124</b>	\$227.90*	Level E	<b>5076</b>	\$257.55	Level E
AFTER HOURS CONSULTATIONS – URGENT					
<b>585</b>	\$147.90*	Urgent after hours (Mon-Fri: 7-8am, 6-11pm; Sat: 7-8am, 12noon-11pm; Sun/Public holiday: 7am-11pm)	<b>599</b>	\$174.30*	Urgent unsociable hours (between 11pm-7am)
HEALTH ASSESSMENTS					
<b>715</b>	\$241.85	Indigenous health assessment (every 9 months)	<b>699</b>	\$82.90	Heart health assessment (annually), ≥ 20mins, age ≥ 30yrs
ELIGIBLE GROUPS			DVA ANNUAL VETERANS HEALTH CHECK – 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>Moved to civilian life from 1 July 2019</li> <li>Served at least 1 day</li> <li>First 5 yrs after transition</li> </ul>		
<b>701</b>	\$67.60	Brief < 30 mins	<b>Item no</b>	<b>DVA fee</b>	
<b>703</b>	\$157.10	Standard 30-45 mins	<b>MT701</b>	\$75.10	Brief < 30 mins
<b>705</b>	\$216.80	Long 45-60 mins	<b>MT703</b>	\$174.60	Standard 30-45 mins
<b>707</b>	\$306.25	Prolonged ≥ 60 mins	<b>MT705</b>	\$240.90	Long 45-60mins
			<b>MT707</b>	\$340.30	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>721</b>	\$16435*	GP Management Plan (GPMP)
<b>723</b>	\$130.25*	Team Care Arrangement (TCA)
<b>732</b>	\$82.10*	Review of GPMP/TCA
<b>10997</b>	\$13.65	Service to patient with GPMP/TCA by practice nurse/ Aboriginal health practitioner (up to 5 per year)
<b>10987</b>	\$27.30	Service to an Indigenous patient, following health assessment, by practice nurse or Aboriginal health practitioner (up to 10 per year)
<b>139</b>	\$153.25	Assessment, diagnosis and plan for patient aged <25 with an eligible disability (see MBS), lasting ≥ 45 mins
<b>729</b>	\$80.20	Contribution/review of multidisciplinary care plan prepared by another provider, non-RACF resident
<b>731</b>	\$80.20	Contribution to/review of multidisciplinary care plan prepared by another provider, RACF resident
<b>900</b>	\$176.40	Domiciliary medication management review
<b>903</b>	\$120.80	Residential medication management review

## MENTAL HEALTH

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



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## WOMEN'S HEALTH

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

## DIAGNOSTIC PROCEDURES

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