

## MBS QUICK GUIDE FEBRUARY 2025

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 <small>(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</small>		
<b>IN THE SURGERY</b>			<b>IN THE SURGERY</b>		
Item no	Fee	Level	Item no	Fee	Level
3	\$19.60	Level A (Brief)	5000	\$33.00	Level A
23	\$42.85	Level B (Standard 6-19 minutes)	5020	\$55.80	Level B
36	\$82.90	Level C (Long 20-39 minutes)	5040	\$95.70	Level C
44	\$122.15	Level D (Prolonged 40-59 minutes)	5060	\$134.20	Level D
123	\$197.90	Level E (Prolonged ≥ 60minutes)	5071	\$227.95	Level E
<b>RESIDENTIAL AGED CARE FACILITY (RACF)</b>			<b>RESIDENTIAL AGED CARE FACILITY (RACF)</b>		
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.	<b>One patient seen</b>		
90020	\$19.60	Level A (applicable to each patient seen)	5010	\$86.25	Level A
90035	\$42.85	Level B (applicable to each patient seen)	5028	\$109.05	Level B
90043	\$82.90	Level C (applicable to each patient seen)	5049	\$148.95	Level C
90051	\$122.15	Level D (applicable to each patient seen)	5067	\$187.45	Level D
90054	\$197.90	Level E (applicable to each patient seen)	5077	\$281.20	Level E
<b>HOME/INSTITUTION/HOSPITAL VISITS (EXCLUDING RACF)</b>			<b>HOME/INSTITUTION VISITS (EXCLUDING HOSPITAL/RACF)</b>		
<b>One patient seen</b>			<b>One patient seen</b>		
4	\$49.60*	Level A	5003	\$62.60	Level A
24	\$72.85*	Level B	5023	\$85.40	Level B
37	\$112.90*	Level C	5043	\$125.30	Level C
47	\$152.15*	Level D	5063	\$163.80	Level D
124	\$227.90*	Level E	5076	\$257.55	Level E
<b>AFTER HOURS CONSULTATIONS – URGENT</b>					
585	\$147.90*	Urgent after hours <small>(Mon-Fri: 7-8am, 6-11pm; Sat: 7-8am, 12noon-11pm; Sun/Public holiday: 7am-11pm)</small>	599	\$174.30*	Urgent unsociable hours <small>(between 11pm-7am)</small>

HEALTH ASSESSMENTS					
715	\$241.85	Indigenous health assessment (every 9 months)	699	\$82.90	Heart health assessment (annually), ≥ 20mins, age ≥ 30yrs
<b>ELIGIBLE GROUPS</b>			<b>DVA ANNUAL VETERANS HEALTH CHECK – ELIGIBLE GROUPS</b>		
<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> </ul>	<ul style="list-style-type: none"> <li>Refugees with Medicare access (ONCE ONLY)</li> <li>Former serving members of the ADF (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>Have DVA card</li> </ul>	<ul style="list-style-type: none"> <li>First 5 yrs after transition</li> </ul>	
Item no	Fee	Level	Item no	DVA fee	Level
701	\$67.60	Brief < 30 mins	MT701	\$75.10	Brief < 30 mins
703	\$157.10	Standard 30-45 mins	MT703	\$174.60	Standard 30-45 mins
705	\$216.80	Long 45-60 mins	MT705	\$240.90	Long 45-60mins
707	\$306.25	Prolonged ≥ 60 mins	MT707	\$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		
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

<b>GP mental health treatment plan, WITHOUT mental health skills training</b>		
2700	\$81.70*	• 20-39 min consultation
2701	\$120.25*	• ≥ 40 min consultation
<b>WITH mental health skills training</b>		
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
<b>GP eating disorders treatment plan, WITHOUT mental health skills training</b>		
90250	\$81.70	• 20-39 min consultation
90251	\$120.25	• ≥ 40 min consultation
<b>WITH mental health skills training</b>		
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
<b>Mental health case conferencing</b>		
<b>GP ORGANISED</b>		
930	\$80.55*	• 15-20 min
933	\$137.75*	• 20-40 min
935	\$229.65*	• ≥ 40 min
<b>GP PARTICIPATING</b>		
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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