

MBS QUICK GUIDE MAY 2026

100% rebate for MBS fee listed; 75% and/or 85% rebates apply to items marked *

ROUTINE HOURS CONSULTATIONS

IN THE SURGERY

Item no	Fee	Description
3	\$20.05	Level A (brief)
23	\$43.90	Level B (standard, 6-19 mins)
36	\$84.90	Level C (long, 20-39 mins)
44	\$125.10	Level D (prolonged, 40-59 mins)
123	\$202.65	Level E (prolonged, ≥60 mins)

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)

Item no	Fee	Description
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 6pm or 8pm*; Sat: before 8am/after 12pm or 1pm*; Sun/public holiday: all day)*; † later times apply to surgery consults

IN THE SURGERY

Item no	Fee	Description
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)

Item no	Fee	Description
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)

Item no	Fee	Description
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, 12pm-11pm; Sun/public holiday: 7am-11pm)
599	\$178.50*	Urgent unsociable hours (between 11pm and 7am)

PATIENT END SUPPORT SERVICES

IN THE SURGERY			RACF			HOME/INSTITUTION VISITS		
2484	\$ 63.90	Level B (6-19 mins)	2486	\$ 63.90	Level B	2485	\$ 74.15	Level B
2487	\$104.90	Level C (20-39 mins)	2489	\$104.90	Level C	2488	\$115.15	Level C
2490	\$145.10	Level D (40-59 mins)	2492	\$145.10	Level D	2491	\$152.75	Level D
2493	\$222.65	Level E (>60 mins)	2495	\$222.65	Level E	2494	\$232.90	Level E

HEALTH ASSESSMENTS

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

ELIGIBLE GROUPS

- 40-49-yr-olds at high risk of diabetes (THREE YEARLY)
- 45-49-yr-olds at risk of developing chronic disease (ONCE ONLY)
- People aged ≥75 (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 one day
- Have DVA card
- First five yrs after transition

Item no	DVA fee	Description
MT701	\$79.60	Brief, <30 mins
MT703	\$185.00	Standard, 30-45 mins
MT705	\$255.30	Long, 45-60 mins
MT707	\$360.65	Prolonged, ≥60 mins

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CHRONIC DISEASE/COMPLEX CARE MANAGEMENT

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

WOMEN'S HEALTH

Item no		
73806	\$10.15*	Urine pregnancy test
16500	\$55.00*	Routine antenatal attendance
16591	\$166.40*	Management of pregnancy >28/40 (including mental health assessment) by shared care GP who is not planning to perform the delivery
16407	\$83.65*	4-8 weeks postnatal attendance, >20 mins, including mental health and domestic violence assessment
14206	\$100.40*	Administration of hormone implant by cannula (including Implanon)
30062	\$105.15*	Removal of Implanon
35503	\$215.95*	Insertion of IUD

If item 14206, 30062 or 35503 is bulk-billed, item 35501 can be co-claimed for added 'loading' fee of 40% of rebate

DIAGNOSTIC PROCEDURES

Item no		
11505	\$48.05*	Diagnostic spirometry – pre and post bronchodilator (annually)
11506	\$24.00*	Disease monitoring spirometry – pre and post bronchodilator
11707	\$21.45*	12-lead ECG trace only, no report
11714	\$28.25*	12 lead ECG, trace and interpretation
11607	\$120.10*	24-hr blood pressure 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	\$60.95*	Diagnostic biopsy of skin
30072	\$60.95*	Diagnostic biopsy of mucous membrane
30192	\$46.10*	Ablative treatment of 10 or more pre-malignant skin lesions
30196	\$147.25*	Removal of malignant neoplasm of skin or mucous membrane (histopathologically proven or dermatologist confirmed) by serial curettage or laser excision/ablation
30202	\$56.35*	Removal of malignant neoplasm of skin or mucous membrane (histopathologically proven or dermatologist confirmed) by cryotherapy using repeat freeze-thaw cycles
30064	\$128.20*	Removal of subcutaneous foreign body, requiring incision and exploration +/- wound closure
30061	\$27.45*	Removal of superficial foreign body, including cornea/sclera
30216	\$31.90*	Aspiration of haematoma
30219	\$31.90*	Incision and drainage of abscess/haematoma (excluding aftercare)
41500	\$96.20*	Removal of foreign body from ear (other than by simple syringing)
30026	\$60.95*	Wound repair, ≤7cm, superficial
30032	\$96.20*	Wound repair, ≤7cm, deep
30029	\$105.00*	Wound repair, ≤7cm, deep
30035	\$137.15*	Wound repair, ≤7cm, deep
47904	\$65.90*	Toenail removal
47915	\$197.75*	Ingrown toenail (wedge resection)
47916	\$99.35*	Ingrown toenail (phenol/electrocautery/laser to nail bed)
32147	\$52.60*	Incision of perianal thrombosis
32072	\$55.80*	Sigmoidoscopic examination
30003	\$42.40*	Dressing of localised burns

MENTAL HEALTH

2700	\$83.65*	GP mental health treatment plan WITHOUT mental health skills training
2701	\$123.15*	
2715	\$106.20*	WITH mental health skills training
2717	\$156.45*	
90250	\$83.65	GP eating disorders treatment and management plan WITHOUT mental health skills training
90251	\$123.15	
90252	\$106.20	WITH mental health skills training
90253	\$156.45	
90264	\$83.65	GP review of eating disorder treatment plan
930	\$82.50*	Mental health case conferencing GP ORGANISED
933	\$141.05*	
935	\$235.15*	
937	\$60.60*	GP PARTICIPATING
943	\$103.90*	
945	\$172.85*	

Summary of bulk-billing incentives: bit.ly/3Ly9PFI

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