

MBS Quick Guide for Primary Care

This guide outlines the frequently used Medicare Benefits Schedule (MBS) items with each item number **linked** MBS criteria, descriptor and fact sheets.

MBS ONLINE

- [Search for Item Number](#)
- [Fact Sheets](#)
- [Updates \(XML Files\)](#)
- [MBS News](#)

ELIGIBILITY

Ensure patient meets billing criteria.

- [HPOS MBS checker](#)
- [My Health Record](#)

MORE INFORMATION

- www.mbsonline.gov.au
- Contact MBS 13 21 50
askMBS@health.gov.au
- [Gold Coast HealthPathways - MBS Items](#)

ROUTINE CONSULTATIONS (In normal hours) Mon-Fri 8am-6pm; Sat 8am-1pm	In consulting rooms	Residential Aged Care Homes (RACH)	Home/ Institution/ Hospital Visits (Excluding RACH)	Telehealth (Video) Service*	Telephone*
Level A Brief (< 6 minutes)	3	90020	4	91790 *	91890 *
Level B Standard (≥ 6 minutes)	23	90035 [^]	24	91800 *	91891 *
Level C Long (≥ 20 minutes)	36	90043 [^]	37	91801 *	91900 *†
Level D Prolonged (≥ 40 minutes)	44	90051 [^]	47	91802 *	91910 *†
Level E Consult (≥ 60 minutes)	123	90054 [^]	124	91920 *	

AFTER HOURS CONSULTATIONS (NON-URGENT) (Mon-Fri: before 8am/after 6 or 8pm*; Sat: before 8am/afternoon or 1pm*; Sun/Public holiday: all day) * Later times apply to surgery consults	In consulting rooms	Residential Aged Care Homes (RACH)	Home/ Institution/ Hospital Visits (Excluding RACH)	URGENT AFTER HOURS Mon-Fri: 7-8am, 6-11pm; Sat: 7- 8am, 12noon-11pm; Sun/Public holiday: 7am-11pm	
Level A Brief (< 6 minutes)	5000	5010	5003	Attendance	585
Level B Standard (≥ 6 minutes)	5020	5028 [^]	5023	URGENT AFTER HOURS unsociable hours 11pm-7am	
Level C Long (≥ 20 minutes)	5040	5049 [^]	5043		
Level D Prolonged (≥ 40 minutes)	5060	5067 [^]	5063	Attendance	599
Level E Consult (≥ 60 minutes)	5071	5077 [^]	5063	Telehealth*	92210 *

ICON NAVIGATION

† [MyMedicare](#) registered patients can only access these services at their MyMedicare general practice

*[Telehealth](#) (Video Consults) and *[Telephone](#) (Phone Consults) available to Medicare-eligible patients with an established practice relationship who have attended in-person within the past year can access services. (Exceptions include children under 12 months, COVID-19 isolation, natural disaster areas, Aboriginal Medical Services, urgent after-hours care, homelessness, or services for blood-borne viruses, sexual/reproductive health, or TOPIC. The 30/20 rule applies to telephone items.)

[^] [General Practice Aged Care Incentive](#) regular visits items - at least 8 eligible regular visits are required per year (at least 2 eligible regular services are required per quarter, each in different calendar months).

~ [General Practice Aged Care Incentive](#) care planning items - at least 2 eligible are required per year.

BULK BILLING INCENTIVES (BBI)

BBI ([MBS MN.1.1](#)) can be claimed when you bulk bill Medicare-eligible patients from 1 November 2025.

[MyMedicare](#) enrolled patients only at their enrolled practice

- Level C, D, E (Telehealth*)
- Level C, D (Telephone*)

[75880](#)†

- Level B, C, D, E (Face to Face)
- Level B (Telehealth*, Telephone*)

[75870](#)

All other eligible services not covered above ([refer MBS MN.1.1](#))

[10990](#)



To ensure your practice software applies the correct Bulk Billing Incentives, make sure MyMedicare status is updated regularly.
Note: From 1 November 2025, a new [Bulk Billing Practice Incentive Program](#) will be available for [MyMedicare](#) registered practices and all bulk-billed eligible patients.

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CHRONIC CONDITIONS MANAGEMENT (CCM)		Face to Face	Telehealth*
NEW GP chronic condition management plan** (EVERY 12 MONTHS if clinically relevant)		965†	92029†
NEW GP chronic condition management plan Review** (EVERY 3 MONTHS if clinically relevant)		967†	92030†
Practice Nurse /AHW follow-up services for a patient with a chronic condition (5 PER YEAR)		10997^	Phone 93203 Video 93201
Practice Nurse/AHW follow-up services for Indigenous Patients (10 PER YEAR)		10987^	Phone 93202 Video 93200
Domiciliary Medication Management Review (DMMR) (ANNUALLY) Note: From 1 July 2027, a GP chronic condition management plan will be required to access domiciliary medication management reviews		900	
GP contribution to multidisciplinary plan – Community (EVERY 3 MONTHS)		729	92026
GP contribution to multidisciplinary plan (MCP) – RACF (EVERY 3 MONTHS)		731~	92027
Residential Medication Management Review (RMMR) (ANNUALLY)		903~	
**Patients with a General Practitioner Chronic Disease Management Plan/Review can access the following MBS services: <ul style="list-style-type: none"> Allied Health Services: Up to 5 individual sessions per year (10 for Aboriginal or Torres Strait Islander patients). Nurse or Health Practitioner Services: Up to 5 services annually, provided on behalf of a doctor. Type 2 Diabetes Care: If eligible, up to 8 yearly group sessions for dietetics, education, or exercise. The current allied health referral form will be replaced by referral letters, aligning with referrals to medical specialists.			

HEALTH ASSESSMENTS (HA)	ELIGIBLE GROUPS		
<ul style="list-style-type: none"> ~ Comprehensive Medical Assessment (CMA) for Residents of RACFs (ANNUALLY) People with an Intellectual Disability (ANNUALLY) One-off Veterans' Health Check (ONCE ONLY) Refugees with Medicare access (ONCE ONLY) 	• 75 Years or Older (ANNUALLY)	701~	< 30 mins
	• 45 to 49 Years at risk of Developing chronic disease (ONCE ONLY)	703~	30-45 mins
	• 40 to 49 Years at High Risk of Diabetes following AUSDRISK Tool (3 YEARLY)	705~	45-60 mins
		707~	≥ 60 mins

OTHER HEALTH ASSESSMENTS	Face to Face	Telehealth*
NEW Menopause and Perimenopause Health Assessment	695	
Aboriginal and Torres Strait Islander Peoples Health Assessment (EVERY 9 MONTHS)	715	92004
Heart Health Check 20-min CVD risk check for eligible patients 30+ (ANNUALLY)	699	
Patients <25 with eligible disability: assessment, diagnosis & plan (≥45 mins) (ONCE)	139	92142

CASE CONFERENCING			
Case Conference GP organises (MAX. 5 TIMES PER PATIENT PER CALENDAR YEAR)	735~	739~	743~
Case Conference GP participating (MAX. 5 TIMES PER PATIENT PER CALENDAR YEAR)	747~	750~	758~
Mental Health case conferencing GP organised (claiming frequency- see MBS AN.15.1)	930	933	935
Mental Health case conferencing GP participating (claiming frequency- see MBS AN.15.1)	937	943	945

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WOMEN'S HEALTH	Face to Face	Telehealth*
Urine pregnancy test - Diagnostic procedure	73806	
Routine antenatal attendance	16500	Phone 91853 Video 91858
Management of pregnancy >28/40 (including mental health assessment) by shared care GP who is not planning to perform the delivery	16591	
Postnatal attendance by a GP or an obstetrician. 4 to 8 weeks after birth (≥ 20 minutes) Including mental health assessment including screening for drug and alcohol use and domestic violence. (Once per pregnancy).	16407	Phone 91851 Video 91856
Administration of hormone implant by cannula (including Implanon)	14206	
Removal of etonogestrel subcutaneous implant (including Implanon)	30062	
Intra-uterine device - introduction	35503	
Pregnancy support item, ≥ 20 minutes, for credentialed GPs	4001	Phone 92136 Video 92138

MENTAL HEALTH	Face to Face	Telehealth*	Telephone*
GP Mental Health consult ≥ 20 minutes	735~	739~	743~
Preparation of GP Mental Health Treatment Plan (GPMHTP) (ANNUALLY) Patients with GP Mental Health Treatment Plan can be referred for Medicare-rebated psychological services.	747~	750~	758~
GP Mental Health Treatment Plan (GPs WITHOUT Mental Health Skills Training)			
20-39 mins consultation	2700	92112	
≥ 40 mins consultation	2701	92113	
GP Mental Health Treatment Plan (GP WITH Mental Health Skills Training - GPMHSC training standards Level 1)			
20-39 mins consultation	2715	92116	
≥ 40 mins consultation	2717	92117	
Review of GP Mental Health treatment plan - A rebate will not be paid if claimed within 3 months of a previous claim for the same item(s) or within 4 weeks following a claim for a GPMHTP item.	2712	92114	92126
Focused Psychological Strategies Credentialed GPs at a consulting room (GPMHSC training standards Level 2)			
30-39 mins consultation	2721	91818	91842
≥ 40 mins consultation	2725	91819	91843

MENTAL HEALTH CASE CONFERENCING			
Mental Health case conferencing GP organised (claiming frequency - see MBS AN.15.1)	930	933	935
Mental Health case conferencing GP organised (claiming frequency - see MBS AN.15.1)	937	943	945

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EATING DISORDER	Face to Face	Telehealth*	Telephone*
Preparation of GP Mental Health Treatment Plan (GPMHTP) (ANNUALLY) Patients with GP Mental Health Treatment Plan can be referred for Medicare-rebated psychological services.			
GP eating disorders treatment plan (GPs WITHOUT Mental Health Skills Training)			
20-39 mins consultation	90250	92146	
≥ 40 mins consultation	90251	92147	
GP eating disorders treatment plan (GP WITH Mental Health Skills Training - GPMHSC training standards Level 1)			
20-39 mins consultation	90252	92148	
≥ 40 mins consultation	90253	92149	
Review of GP eating disorder treatment plan	90264	92170	92176
Provision of Eating Disorder Psychological Treatment (EDPT) services - Credentialed GPs at a consulting room (GPMHSC training standards - Level 2) - See MBS AN.0.57			
30-39 mins consultation	90271	92182	92194
≥ 40 mins consultation	90273	92184	92196
DIAGNOSTIC PROCEDURES			
Diagnostic spirometry – pre and post bronchodilator (ONCE ANNUALLY)			11505
Disease monitoring spirometry – pre and post bronchodilator (each occasion at which recordings are made)			11506
12-Lead Electrocardiography - tracing only			11707
24-hr BP for suspected hypertension (patient not treated), including report and treatment plan (ONCE ANNUALLY if criteria met)			11607
HbA1C point-of-care (POC) test for established diabetes, done by or on behalf of GP at an accredited practice for POC testing (Not > 3 Times Per 12 Months Per Patient)			73812
Allergy testing - Skin prick testing for aeroallergens (ONCE ANNUALLY)			12001
Allergy testing - Repeat skin prick testing for aeroallergens (ONCE ANNUALLY)			12002

PROCEDURES	
Skin	
Dressing of localised burns	<u>30003</u>
Diagnostic biopsy of skin	<u>30071</u>
Diagnostic biopsy of mucous membrane	<u>30072</u>
Ablative treatment of 10 or more premalignant skin lesions	<u>30192</u>
Removal of malignant neoplasm of skin or mucous membrane (histopathologically-proven or dermatologist-confirmed), by serial curettage or laser excision/ablation	<u>30196</u>
Removal of malignant neoplasm of skin or mucous membrane (histopathologically-proven or dermatologist-confirmed) by cryotherapy using repeat freeze thaw cycles	<u>30202</u>
Removal of Foreign Body	
Removal of Subcutaneous Foreign Body, requiring incision and exploration +/- closure	<u>30064</u>
Removal of superficial foreign body, (including from cornea or sclera)	<u>30061</u>
Removal of foreign Body in nose	<u>41659</u>
Aspiration	
Aspiration of Haematoma	<u>30216</u>
Incision and drainage of Abscess/Haematoma (excl. aftercare)	<u>30219</u>
Incision of perianal thrombosis	<u>32147</u>
Ear, Nose and Throat	
Ear - removal of foreign body (other than simple syringing)	<u>41500</u>
Nasal Haemorrhage, treatment of epistaxis by cauterisation or nasal cavity packing or both	<u>41677</u>
Sinus, excision of, involving superficial tissue only	<u>30099</u>
Wounds Repair - Sutures	
Wound repair <7cm - Face/Neck superficial	<u>30032</u>
Wound repair <7cm - Body superficial	<u>30026</u>
Wound repair <7cm - Face/Neck deep	<u>30035</u>
Wound repair <7cm - Body deep	<u>30029</u>
Nail/Toenails	
Removal of toenail	<u>47904</u>
Ingrown toenail (wedge resection)	<u>47915</u>
Ingrown toenail, partial resection (phenol/electrocautery/laser to nailbed)	<u>47916</u>
Other procedures	
Sigmoidoscopic examination	<u>32072</u>
Bladder, catheterisation of, where no other procedure is performed	<u>36800</u>

Practice Incentive Program (PIP)

The [Practice Incentives Program \(PIP\)](#) supports general practices in improving quality care, capacity, and health outcomes. Accredited practices receive quarterly payments across three streams.

For more details, visit the [Services Australia website](#), email pip@servicesaustralia.gov.au or call the PIP enquiry line on 1800 222 032.

Incentive	Activity	Payment amount
MyMedicare	MyMedicare is a new voluntary patient registration model. It aims to formalise the relationship between patients, their general practice, general practitioner and primary care teams. † This icon represents MBS items available MyMedicare enrolled patients at the practice	
General Practice in Aged Care	The General Practice in Aged Care Incentive (GP ACI) is available for MyMedicare-registered practices which will support regular health assessments, care plans and regular GP visits for people in residential aged care homes. Provider needs to deliver at least 2 eligible regular services per quarter (8 regular visits per year) and 2 care planning services per year.	\$300 per patient per year for the GP \$130 per patient per year for practice
Bulk Billing Incentive	From 1 November 2025, the Australian Government will expand eligibility for bulk billing incentives to all Medicare eligible patients and introduce the Bulk Billing Practice Incentive Program , which requires participating practices to be MyMedicare registered and bulk bill all eligible patients.	
After Hours	Level 1: Participation	\$1 per SWPE
	Level 2: Sociable after-hours cooperative coverage.	\$4 per SWPE
	Level 3: Sociable after-hours practice coverage.	\$5.50 per SWPE
	Level 4: Complete after-hours cooperative coverage.	\$5.50 per SWPE
	Level 5: Complete after-hours practice coverage.	\$11 per SWPE
eHealth	eHealth requirements to qualify for payments	\$6.50 per SWPE capped at \$12,500 per practice per quarter
Indigenous Health	Sign-on Payment	\$1,000 per practice
	Patient Registration Payment	\$250 per patient per year
	Outcomes Payment Tier 1	\$100 per patient per year
	Outcomes Payment Tier 2	\$150 per patient per year
Quality Improvement (PIP QI)	Payment to practices to undertake quality improvement through the collection and review of practice data, and to share de-identified data with their PHN.	\$5 per SWPE capped at \$12,500 per quarter
Teaching	Payment for teaching medical students to a maximum of 2 sessions per GP per day.	\$200 per session
Workforce Incentive	Refer to Practice Stream for more information.	\$130,000 per SWPE, location and workforce hours