

# 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	ELIGIBILITY	MORE INFORMATION
<ul style="list-style-type: none"> <li><a href="#">Search for Item Number</a></li> <li><a href="#">Fact Sheets</a></li> <li><a href="#">Updates (XML Files)</a></li> <li><a href="#">MBS News</a></li> </ul>	<p><b>ELIGIBILITY</b> Ensure patient meets billing criteria.</p> <ul style="list-style-type: none"> <li><a href="#">HPOS MBS checker</a></li> <li><a href="#">My Health Record</a></li> </ul>	<p><b>MORE INFORMATION</b></p> <ul style="list-style-type: none"> <li><a href="#">www.mbsonline.gov.au</a></li> <li>Contact MBS 13 21 50</li> <li><a href="mailto:askMBS@health.gov.au">askMBS@health.gov.au</a></li> <li><a href="#">Gold Coast HealthPathways - MBS Items</a></li> </ul>

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*
<b>Level A</b> Brief (< 6 minutes)	<b>3</b>	<b>90020</b>	<b>4</b>	<b>91790*</b>	<b>91890*</b>
<b>Level B</b> Standard (≥ 6 minutes)	<b>23</b>	<b>90035^</b>	<b>24</b>	<b>91800*</b>	<b>91891*</b>
<b>Level C</b> Long (≥ 20 minutes)	<b>36</b>	<b>90043^</b>	<b>37</b>	<b>91801*</b>	<b>91900*†</b>
<b>Level D</b> Prolonged (≥ 40 minutes)	<b>44</b>	<b>90051^</b>	<b>47</b>	<b>91802*</b>	<b>91910*†</b>
<b>Level E</b> Consult (≥ 60 minutes)	<b>123</b>	<b>90054^</b>	<b>124</b>	<b>91920*</b>	

AFTER HOURS CONSULTATIONS (NON-URGENT) (Mon-Fri: before 8am/after 6 or 8pm^*; Sat: before 8am/afternoon or 1pm^*; Sun/Public holiday: all day)	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
^* Later times apply to surgery consults				
<b>Level A</b> Brief (< 6 minutes)	<b>5000</b>	<b>5010</b>	<b>5003</b>	Attendance <b>585</b>
<b>Level B</b> Standard (≥ 6 minutes)	<b>5020</b>	<b>5028^</b>	<b>5023</b>	<b>URGENT AFTER HOURS</b>
<b>Level C</b> Long (≥ 20 minutes)	<b>5040</b>	<b>5049^</b>	<b>5043</b>	unsociable hours 11pm-7am
<b>Level D</b> Prolonged (≥ 40 minutes)	<b>5060</b>	<b>5067^</b>	<b>5063</b>	Attendance <b>599</b>
<b>Level E</b> Consult (≥ 60 minutes)	<b>5071</b>	<b>5077^</b>	<b>5063</b>	Telehealth* <b>92210*</b>

ICON NAVIGATION	BULK BILLING INCENTIVES (BBI)	
† <b>MyMedicare</b> registered patients can only access these services at their MyMedicare general practice	BBI ( <a href="#">MBS MN.1.1</a> ) can be claimed when you bulk bill Medicare-eligible patients from 1 November 2025.	
* <b>Telehealth</b> (Video Consults) and * <b>Telephone</b> (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.)	<b>MyMedicare</b> enrolled patients only at their enrolled practice	<b>75880†</b>
^ <b>General Practice Aged Care Incentive</b> 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).	<ul style="list-style-type: none"> <li>Level C, D, E (Telehealth*)</li> <li>Level C, D (Telephone*)</li> </ul>	<b>75870</b>
~ <b>General Practice Aged Care Incentive</b> care planning items - at least 2 eligible are required per year.	All other eligible services not covered above ( <a href="#">refer MBS MN.1.1</a> )	<b>10990</b>



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*
<b>NEW</b> GP chronic condition management plan** (EVERY 12 MONTHS if clinically relevant)		<u>965†</u>	<u>92029†</u>
<b>NEW</b> GP chronic condition management plan Review** (EVERY 3 MONTHS if clinically relevant)		<u>967†</u>	<u>92030†</u>
Practice Nurse /AHW follow-up services for a patient with a chronic condition (5 PER YEAR)		<u>10997^</u>	Phone <u>93203</u> Video <u>93201</u>
Practice Nurse/AHW follow-up services for Indigenous Patients (10 PER YEAR)		<u>10987^</u>	Phone <u>93202</u> Video <u>93200</u>
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		<u>900</u>	
GP contribution to multidisciplinary plan – Community (EVERY 3 MONTHS)		<u>729</u>	<u>92026</u>
GP contribution to multidisciplinary plan (MCP) – RACF (EVERY 3 MONTHS)		<u>731~</u>	<u>92027</u>
Residential Medication Management Review (RMMR) (ANNUALLY)		<u>903~</u>	

\*\*Patients with a General Practitioner Chronic Disease Management Plan/Review can access the following MBS services:

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

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

CASE CONFERENCING	Face to Face	Telehealth*
Case Conference GP organises (MAX. 5 TIMES PER PATIENT PER CALENDAR YEAR)	<u>735~</u>	<u>739~</u>
Case Conference GP participating (MAX. 5 TIMES PER PATIENT PER CALENDAR YEAR)	<u>747~</u>	<u>750~</u>
Mental Health case conferencing GP organised (claiming frequency- see <u>MBS AN.15.1</u> )	<u>930</u>	<u>933</u>
Mental Health case conferencing GP participating (claiming frequency- see <u>MBS AN.15.1</u> )	<u>937</u>	<u>943</u>

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

MENTAL HEALTH	Face to Face	Telehealth*	Telephone*
GP Mental Health consult $\geq 20$ minutes	<a href="#">735~</a>	<a href="#">739~</a>	<a href="#">743~</a>
Preparation of GP Mental Health Treatment Plan (GPMHTP) (ANNUALLY) Patients with GP Mental Health Treatment Plan can be referred for Medicare-rebated psychological services.	<a href="#">747~</a>	<a href="#">750~</a>	<a href="#">758~</a>
<b>GP Mental Health Treatment Plan (GPs WITHOUT Mental Health Skills Training)</b>			
20-39 mins consultation	<a href="#">2700</a>	<a href="#">92112</a>	
$\geq 40$ mins consultation	<a href="#">2701</a>	<a href="#">92113</a>	
<b>GP Mental Health Treatment Plan (GP WITH Mental Health Skills Training - GPMHSC training standards Level 1)</b>			
20-39 mins consultation	<a href="#">2715</a>	<a href="#">92116</a>	
$\geq 40$ mins consultation	<a href="#">2717</a>	<a href="#">92117</a>	
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.	<a href="#">2712</a>	<a href="#">92114</a>	<a href="#">92126</a>
<b>Focussed Psychological Strategies Credentialled GPs at a consulting room (GPMHSC training standards Level 2)</b>			
30-39 mins consultation	<a href="#">2721</a>	<a href="#">91818</a>	<a href="#">91842</a>
$\geq 40$ mins consultation	<a href="#">2725</a>	<a href="#">91819</a>	<a href="#">91843</a>

MENTAL HEALTH CASE CONFERENCING			
Mental Health case conferencing GP organised (claiming frequency - see <a href="#">MBS AN.15.1</a> )	<a href="#">930</a>	<a href="#">933</a>	<a href="#">935</a>
Mental Health case conferencing GP organised (claiming frequency - see <a href="#">MBS AN.15.1</a> )	<a href="#">937</a>	<a href="#">943</a>	<a href="#">945</a>

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EATING DISORDER	Face to Face	Telehealth*	Telephone*
<b>Preparation of GP Mental Health Treatment Plan (GPMHTP) (ANNUALLY)</b>			
Patients with GP Mental Health Treatment Plan can be referred for Medicare-rebated psychological services.			
<b>GP eating disorders treatment plan (GPs WITHOUT Mental Health Skills Training)</b>			
20-39 mins consultation	<a href="#">90250</a>	<a href="#">92146</a>	
≥ 40 mins consultation	<a href="#">90251</a>	<a href="#">92147</a>	
<b>GP eating disorders treatment plan (GP WITH Mental Health Skills Training - GPMHSC <a href="#">training standards</a> Level 1)</b>			
20-39 mins consultation	<a href="#">90252</a>	<a href="#">92148</a>	
≥ 40 mins consultation	<a href="#">90253</a>	<a href="#">92149</a>	
Review of GP eating disorder treatment plan	<a href="#">90264</a>	<a href="#">92170</a>	<a href="#">92176</a>
<b>Provision of Eating Disorder Psychological Treatment (EDPT) services - Credentialed GPs at a consulting room (GPMHSC <a href="#">training standards</a> - Level 2) - See <a href="#">MBS AN.0.57</a></b>			
30-39 mins consultation	<a href="#">90271</a>	<a href="#">92182</a>	<a href="#">92194</a>
≥ 40 mins consultation	<a href="#">90273</a>	<a href="#">92184</a>	<a href="#">92196</a>

DIAGNOSTIC PROCEDURES		
Diagnostic spirometry – pre and post bronchodilator (ONCE ANNUALLY)		<a href="#">11505</a>
Disease monitoring spirometry – pre and post bronchodilator (each occasion at which recordings are made)		<a href="#">11506</a>
12-Lead Electrocardiography - tracing only		<a href="#">11707</a>
24-hr BP for suspected hypertension (patient not treated), including report and treatment plan (ONCE ANNUALLY if <a href="#">criteria</a> met)		<a href="#">11607</a>
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)		<a href="#">73812</a>
Allergy testing - Skin prick testing for aeroallergens (ONCE ANNUALLY)		<a href="#">12001</a>
Allergy testing - Repeat skin prick testing for aeroallergens (ONCE ANNUALLY)		<a href="#">12002</a>

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## PROCEDURES

### Skin

Dressing of localised burns	<b><u>30003</u></b>
Diagnostic biopsy of skin	<b><u>30071</u></b>
Diagnostic biopsy of mucous membrane	<b><u>30072</u></b>
Ablative treatment of 10 or more premalignant skin lesions	<b><u>30192</u></b>
Removal of malignant neoplasm of skin or mucous membrane (histopathologically-proven or dermatologist-confirmed), by serial curettage or laser excision/ablation	<b><u>30196</u></b>
Removal of malignant neoplasm of skin or mucous membrane (histopathologically-proven or dermatologist-confirmed) by cryotherapy using repeat freeze thaw cycles	<b><u>30202</u></b>

### Removal of Foreign Body

Removal of Subcutaneous Foreign Body, requiring incision and exploration +/- closure	<b><u>30064</u></b>
Removal of superficial foreign body, (including from cornea or sclera)	<b><u>30061</u></b>
Removal of foreign Body in nose	<b><u>41659</u></b>

### Aspiration

Aspiration of Haematoma	<b><u>30216</u></b>
Incision and drainage of Abscess/Haematoma (excl. aftercare)	<b><u>30219</u></b>
Incision of perianal thrombosis	<b><u>32147</u></b>

### Ear, Nose and Throat

Ear - removal of foreign body (other than simple syringing)	<b><u>41500</u></b>
Nasal Haemorrhage, treatment of epistaxis by cauterisation or nasal cavity packing or both	<b><u>41677</u></b>
Sinus, excision of, involving superficial tissue only	<b><u>30099</u></b>

### Wounds Repair - Sutures

Wound repair <7cm - Face/Neck superficial	<b><u>30032</u></b>
Wound repair <7cm - Body superficial	<b><u>30026</u></b>
Wound repair <7cm - Face/Neck deep	<b><u>30035</u></b>
Wound repair <7cm - Body deep	<b><u>30029</u></b>

### Nail/Toenails

Removal of toenail	<b><u>47904</u></b>
Ingrown toenail (wedge resection)	<b><u>47915</u></b>
Ingrown toenail, partial resection (phenol/electrocautery/laser to nailbed)	<b><u>47916</u></b>

### Other procedures

Sigmoidoscopic examination	<b><u>32072</u></b>
Bladder, catheterisation of, where no other procedure is performed	<b><u>36800</u></b>

## 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](mailto:pip@servicesaustralia.gov.au) or call the PIP enquiry line on 1800 222 032.

Incentive	Activity	Payment amount
<a href="#">MyMedicare</a>	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	
<a href="#">General Practice in Aged Care</a>	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. <b>Provider needs to deliver at least 2 eligible regular services per quarter (8 regular visits per year) and 2 care planning services per year.</b>	\$300 per patient per year for the GP \$130 per patient per year for practice
<a href="#">Bulk Billing Incentive</a>	From 1 November 2025, the Australian Government will expand eligibility for bulk billing incentives to all Medicare eligible patients and introduce the <a href="#">Bulk Billing Practice Incentive Program</a> , which requires participating practices to be <b>MyMedicare registered</b> and bulk bill all eligible patients.	
<a href="#">After Hours</a>	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
<a href="#">eHealth</a>	eHealth requirements to qualify for payments	\$6.50 per SWPE capped at \$12,500 per practice per quarter
<a href="#">Indigenous Health</a>	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
<a href="#">Quality Improvement (PIP QI)</a>	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
<a href="#">Teaching</a>	Payment for teaching medical students to a maximum of 2 sessions per GP per day.	\$200 per session
<a href="#">Workforce Incentive</a>	Refer to <a href="#">Practice Stream</a> for more information.	\$130,000 per SWPE, location and workforce hours