

Frequently Used MBS Items Medicare Revenue PHC Remote Cheat Sheet

Note: For full descriptions of these items, please refer to the MBS <http://www.mbsonline.gov.au>.

CONSULTATIONS: **GROUP A1 - Vocationally Registered**

Item No.	Item Name – Short Description		MBS Benefit
3	CONSULT BRIEF	LEVEL A Obvious and straightforward cases that should be reflected in the practitioner's records. In this context, the practitioner should undertake the necessary examination of the affected part if required, and note the action taken.	\$ 16.95
		LEVELS B,C & D For cases that are not obvious or straightforward in relation to one or more health related issues. The medical practitioner may undertake all or some of the tasks set out in the item descriptor as clinically relevant, and this should be reflected in the practitioner's record.	
23	CONSULT STANDARD	LEVEL B less than 20 minutes (see description above)	\$ 37.05
36	CONSULT LONG	LEVEL C at least 20 minutes (see description above)	\$ 71.70
44	CONSULT PROLONGED	LEVEL D at least 40 minutes (see description above)	\$ 105.55

OTHER CONSULTATIONS

2713	MENTAL HEALTH	Attendance in relation to a mental disorder, lasting at least 20 minutes	\$ 71.70
16500	ANTENATAL	Routine antenatal attendance	\$ 40.10
16591	ANTENATAL	Attendance; pregnancy >20 weeks; only one per pregnancy	\$ 121.30

EMERGENCY IMMINENT DANGER The patient must be in imminent danger of death. One or more medical practitioners can claim these items for simultaneous attendance on one patient. The time spent by the practitioner does not have to be continuous.

160	CRITICAL CONDITION, prolonged attendance in treatment of	1-2HR	\$ 221.50
161	CRITICAL CONDITION, prolonged attendance in treatment of	2-3HR	\$ 369.15
162	CRITICAL CONDITION, prolonged attendance in treatment of	3-4HR	\$ 516.65
163	CRITICAL CONDITION, prolonged attendance in treatment of	4-5HR	\$ 664.55
164	CRITICAL CONDITION, prolonged attendance in treatment of	>5HR	\$ 738.40

HOME VISITS These items are for consultations at a place other than consulting rooms, including when RMPs visit remote NT community aged care facilities. For after-hours home visits, refer to the separate cheat sheet "After-Hours".

Item No.	Description	\$	Benefit				
			ITEM 4	ITEM 24	ITEM 37	ITEM 47	
4	HOME VISIT BRIEF LEVEL A, see above	For benefits, refer to the table on the right	ONE	\$ 42.90	\$ 63.00	\$ 97.65	\$ 131.50
24	HOME VISIT STANDARD LEVEL B, see above		TWO	\$ 29.90	\$ 50.00	\$ 84.65	\$ 118.50
37	HOME VISIT LONG LEVEL C, see above		THREE	\$ 25.60	\$ 45.70	\$ 80.35	\$ 114.20
47	HOME VISIT PROLONGED LEVEL D, see above		FOUR	\$ 23.45	\$ 43.55	\$ 78.20	\$ 112.05
			FIVE	\$ 22.15	\$ 42.25	\$ 76.90	\$ 110.75
		SIX	\$ 21.25	\$ 41.35	\$ 76.00	\$ 109.85	
		SEVEN +	\$ 18.95	\$ 39.05	\$ 73.70	\$ 107.55	

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ATTENDANCE AFTER-HOURS Medicare generally classifies clinic hours as 8am-6pm Monday to Friday, and 8am-12noon Saturday. For item numbers and details of after-hours attendances, refer to the separate cheat sheet "After-Hours".

MEDICARE INCENTIVES An additional rebate can be claimed for bulk billed services in Rural and Remote areas, where the service is provided to a Commonwealth Concession Card holder or to any child under the age of 16 years.

10991	GENERAL MEDICAL SERVICES TABLE (GMST) – Claimed in conjunction with each service	\$ 9.35
64991	DIAGNOSTIC IMAGING SERVICES TABLE (DIST) – Claimed in conjunction with each service	\$ 9.10
74991	PATHOLOGY SERVICES TABLE (PST) – Claimed in conjunction with items in Group 9	\$ 9.10

Note: Aged care facilities in remote communities in the Northern Territory are not recognised as such by the Department of Health and Aging. Therefore, if a doctor attends a client in a remote community aged care facility, the item to claim is a home visit at a place other than a consulting room.

ANTENATAL

Item No	Item Name – Short	MBS Benefit
* 16500	ANTENATAL ATTENDANCE	\$ 40.10
* 16591	ANTENATAL ATTENDANCE pregnancy >20 wks – only one per pregnancy	\$ 121.30
16518	LABOUR MANAGEMENT INCOMPLETE- THEN TRANSFER	\$ 383.10
16519	LABOUR AND DELIVERY	\$ 613.75
16522	MANAGEMENT OF COMPLICATED LABOUR & DELIVERY	\$ 1,549.15

SIMPLE PROCEDURES For other commonly claimed items, refer to cheat sheets "Lesions" and "Fractures & Dislocations"

# 11506	SPIROMETRY-BEFORE & AFTER BRONCHODILATOR	\$ 17.50
# 11700	ECG TRACING & REPORT	\$ 26.60
# 14206	IMPLANON INSERTION (hormone or living tissue implantation by cannula)	\$ 30.30
# 30062	IMPLANON REMOVAL includes suturing	\$ 51.65
# 30023	DEEP OR CONTAMINATED WOUND SUTURE REG BLOCK	\$ 277.15
# 30026	SUTURE < 7CM SUPERFICIAL, NOT ON FACE OR NECK	\$ 44.40
# 30029	SUTURE < 7CM DEEP, NOT ON FACE OR NECK	\$ 76.50
# 30032	SUTURE < 7CM SUPERFICIAL, ON FACE OR NECK	\$ 70.15
# 30035	SUTURE < 7CM DEEP, ON FACE OR NECK	\$ 99.95
# 30038	SUTURE > 7CM SUPERFICIAL, NOT ON FACE OR NECK	\$ 76.50
# 30041	SUTURE > 7CM DEEP, NOT ON FACE OR NECK	\$ 122.40
# 30045	SUTURE > 7CM DEEP, ON FACE OR NECK	\$ 99.95
# 30052	SUTURE EYELID/NOSE/EAR/LIP	\$ 215.90
# 30061	FOREIGN BODY SUPERFICIAL-REMOVAL OF (INC CORNEA/SCLERA)	\$ 20.00
# 30064	FOREIGN BODY SUBCUTANEOUS - REMOVAL OF	\$ 93.45
# 30067	FOREIGN BODY DEEP – REMOVAL OF	\$ 190.10
# 30071	BIOPSY SKIN	\$ 44.40
# 30219	HAEMATOMA, FURUNCLE, ABSCESS, LESION-INCISION WITH DRAINAGE OF	\$ 23.25
# 36800	URINARY CATHETER	\$ 23.50
# 41500	FOREIGN BODY EAR – REMOVAL OF by means other than simple syringing	\$ 70.15
# 41659	FOREIGN BODY NOSE – REMOVAL OF by means other than simple probing	\$ 65.95
# 42644	FOREIGN BODY CORNEA/SCLERA – REMOVAL OF IMBEDDED	\$ 61.35

PATHOLOGY

# 73802	HB OR FBC	Medicare incentive 74991 if applicable	\$ 3.90
# 73806	PREGNANCY TEST	Medicare incentive 74991 if applicable	\$ 8.65
# 73840	HbA1c (QAAMS project participants only)	Medicare incentive 74991 if applicable	\$ 14.45
# 73844	Urinary ACR (QAAMS project participants only)	Medicare incentive 74991 if applicable	\$ 17.30

CHRONIC DISEASE MANAGEMENT

Item No	Item Name - Short	MBS Benefit
● 701 - 707	Health Assessments – based on RMP time taken (includes time taken by RMP, RAN or ATSIHP) 701 <30mins \$59.35 703 30<45mins \$137.90 705 45<60mins \$190.30 707 60+mins \$268.80	
● 715	Aboriginal & Torres Strait Islander people's health assessment	\$ 212.25
721	CHRONIC DISEASE MANAGEMENT PLAN (CDMP) preparation by GP ONLY	\$ 144.25
723	CHRONIC DISEASE MANAGEMENT PLAN (CDMP) preparation of TEAM CARE ARRANGEMENTS	\$ 114.30
732	REVIEW of a CHRONIC DISEASE MANAGEMENT PLAN (CDMP)	\$ 72.05
Item 732 can be claimed twice on the same day – once as a review for item 721, and once as a review for item 723. It must be noted on the claim that they were two different services, and the time each item 732 was commenced also noted (explanatory note A.36 MBS)		
❖ 735	ORGANISE CASE CONF 15-20 minutes, not discharge	\$ 70.65
❖ 739	ORGANISE CASE CONF 20-40 minutes, not discharge	\$ 120.95
❖ 743	ORGANISE CASE CONF > 40 minutes, not discharge	\$ 201.65

TELEHEALTH Refer to Telehealth cheat sheet for Telehealth attendances at a place other than consulting rooms

● 2100	Attendance at health centre	Level A	At least 5 minutes	\$ 22.90
● 2126	Attendance at health centre	Level B	Less than 20 minutes	\$ 49.95
● 2143	Attendance at health centre	Level C	20-39 minutes	\$ 96.85
● 2195	Attendance at health centre	Level D	40 or more minutes	\$ 142.50

MENTAL HEALTH

* 2713	ATTENDANCE in relation to a mental disorder, lasting at least 20 minutes			\$ 71.70
* 2700	GP Mental Health Treatment Plan (for GPs without mental health skills training), at least 20 minutes			\$ 71.70
* 2701	GP Mental Health Treatment Plan (for GPs without mental health skills training), at least 40 minutes			\$ 105.55
* 2715	GP Mental Health Treatment Plan (for GPs with mental health skills training), at least 20 minutes			\$ 91.05
* 2717	GP Mental Health Treatment Plan (for GPs with mental health skills training), at least 40 minutes			\$ 134.10
* 2712	REVIEW of a GP Mental Health Treatment Plan (applicable to items 2700, 2701, 2715, 2717)			\$ 71.70

- # A consultation can also be claimed with item numbers marked #
- A consultation can also be claimed with item numbers marked ● if it is clinically indicated that a problem must be treated immediately (to be noted on the claim)
- * A consultation can also be claimed with items marked * if they are not for related conditions (to be noted on the claim)
- ❖ A consultation can also be claimed with items marked ❖ if not at the same time (times to be noted on the claim)

Department of Health – Primary Health Care Branch Medicare and Administration Trainers

Central Australia: 08 895 17754 / 08 895 17129

Top End: 08 892 28019

Medicare Australia Indigenous Hotline – 1800 556 955