



MBS items

Frequently used in General Practice

Item	Description	Fee ⁱ
General practice attendance items		
3	Level A: Short consultation of a straightforward nature	\$17.20
23	Level B: Standard consultation, less than 20 minutes	\$37.60
36	Level C: Long consultation, at least 20 minutes	\$72.80
44	Level D: Extended consultation, at least 40 minutes	\$107.15
Bulk billing incentives for Commonwealth Concession Card holders and children under 16 years of age		
10990	All areas, not admitted to hospital	\$7.40
10991	Rural and remote locations, South West Metro and East Metro, not admitted to hospital	\$11.15
10992	Rural and remote locations, South West Metro and East Metro, not admitted to hospital, not in consulting rooms, where applied to items 585, 588, 591, 594, 599, 600, 5003, 5010, 5023, 5028, 5043, 5049, 5063, 5067, 5220, 5223, 5227, 5228, 5260, 5263, 5265 or 5267.	\$11.15
715	Indigenous health assessment This service is available annually to all persons who identify as Aboriginal and/or Torres Strait Islander as a preventative health measure. The person's age defines the specific areas for attention, such as: <ul style="list-style-type: none">• Children aged 0 to 14 years• Adults between the ages of 15 and 54• Older people aged 55 years and over	\$212.25

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.

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Item	Description	Fee ⁱ	
Health assessments – standard series This series of health assessments are aimed at specific target groups based on risk factors and includes the assessment of a patient's health and physical, psychological and social function and consideration of whether preventive health care and education should be offered to the patient.			
701	Health assessment – brief, less than 30 minutes	\$59.35	
703	Health assessment – standard, more than 30 minutes, but less than 45 minutes	\$137.90	
705	Health assessment – long, more than 45 minutes, but less than 60 minutes	\$190.30	
707	Health assessment – prolonged, more than 60 minutes	\$268.80	
Target areas: a) People aged 40 to 49 years (inclusive) with a high risk of developing type 2 diabetes as determined by the Australian Type 2 Diabetes Risk Assessment Tool – once every three years b) People between the age of 45 and 49 who are at risk of developing a chronic disease - once only c) People aged 75 years and older – annually d) Permanent residents of a residential aged care facility – annually e) People who have an intellectual disability – annually f) Humanitarian entrants who are resident in Australia with access to Medicare services, including Refugees and Special Humanitarian Program and Protection Program entrants – once only g) Former serving members of the Australian Defence Force including former members of permanent and reserve forces – once only			
Item	Chronic Disease Management Items	Frequency	Fee ⁱ
The chronic disease management (CDM) items are available for patients who suffer from a medical condition that has been present (or is likely to be present) for at least six months or is terminal. These items should be provided by the patient's usual general practice/practitioner. Frequency restrictions apply. All care plans should include: <ul style="list-style-type: none"> • an explanation of the plan and the process to the patient and the patient's carer if applicable; • permission from the patient to participate in the plan; and • a comprehensive written plan, offered to the patient and recorded in the patient's medical records. 			
721	Preparation of a GP Management Plan (GPMP) Address the patient's health care needs, health problems and conditions; set management goals and actions to which the patient agrees; and discuss treatment, services and arrangements the patient is likely to need.	12 months	\$144.25
723	Coordination of Team Care Arrangements (TCAs) When coordinating the development of TCAs, the medical practitioner must: Consult with at least two collaborating providers when making arrangements for the multidisciplinary care of the patient; and prepare a document that describes treatment and service goals for the patient; treatment and services that collaborating providers will provide; and actions to be taken by the patient.	12 months	\$114.30

Item	Chronic Disease Management Items	Frequency	Fee ⁱ
729	Contribution to a Multidisciplinary Care Plan (MDCP), or a review of a MDCP for a patient who is not in a residential aged care facility (RACF) A MDCP means a written plan that is prepared for a patient by a medical practitioner in consultation with two other collaborating providers, one of whom may be another medical practitioner; or a collaborating provider (other than a medical practitioner) in consultation with at least two other collaborating providers; and describes treatment and services to be provided to the patient.	3 months	\$70.40
731	Contribution to a MDCP, or a review of a MDCP, for a resident in an RACF In addition to the above description (item 729) the second collaborating provider may be the RACF.	3 months	\$70.40
732	Review of a GPMP or coordination of a review of TCA In addition to the steps for item 721 and/or item 729, a review of these items will include making any required amendments to the patient's plan, explaining the changes to the patient and keeping a copy of the plan.	3 months	\$72.05
Item	GP Mental Health Treatment Plans		Fee ⁱ
Where GPs undertake early intervention, assessment and management of patients with mental disorders, including referral pathways to psychiatrists, clinical psychologists and other allied mental health workers.			
2700	At least 20 minutes but less than 40 minutes, GP without mental health skills training		\$71.70
2701	At least 40 minutes, GP without mental health skills training		\$105.55
2715	At least 20 minutes but less than 40 minutes, GP with mental health skills training		\$91.05
2717	At least 40 minutes, GP with mental health skills training		\$134.10

Item	Description	Fee ⁱ
Tests and diagnostics performed by a GP, often with nursing assistance		
11700	Electrocardiography (ECG) Twelve-lead, tracing and report	\$31.25
73806	Pregnancy test By one or more immunochemical methods	\$10.15

Item	Description	Fee ⁱ
Follow up to an Aboriginal Health Assessment (MBS item 715), as directed or referred by the GP		
10987	By an Aboriginal health practitioner or nurse [directed], up to 10 per calendar year	\$24.00
81300	By an Aboriginal health practitioner or Aboriginal health worker [referred], up to 5 per calendar year	\$62.25

Item	Description	Fee ⁱ		Item	Description	Fee ⁱ
11506	Spirometry – Including tracing before and after inhalation	\$20.55		81305 - 81360	By allied health professionals [referred], for more than 20 minutes	\$62.25
Office based procedures performed by a GP, often with nursing assistance				Follow up to a chronic disease care plan as directed, or referred by the GP		
30061	Removal of superficial foreign body – Including from the cornea or sclera	\$23.50		10950	By an Aboriginal health practitioner or Aboriginal health worker [referred] up to 5 per calendar year	\$62.25
30064	Removal of subcutaneous foreign body –requiring incision and exploration +/- wound closure	\$109.90		10951 - 10970	By an allied health practitioner [referred] by a GP for more than 20 minutes, with report, up to 5 per calendar year	\$62.25
30023 - 30049	Repair of wounds – Varies depending on size, depth and location of wound	\$varies		10997	By an Aboriginal health practitioner or nurse on behalf of a GP, up to 5 per calendar year	\$12.00
14206	Hormone implant or living tissue – By cannula (eg Implanon insertion)	\$35.60		Removal of skin lesions, tumours, ganglions and bursa, with biopsy for diagnostic purposes, based on size and location of lesion		
30062	Removal of implant (etonogestrel subcutaneous eg Implanon removal)	\$60.75		30071 - 30096	Diagnostic biopsy of skin or mucous membrane	\$varies
Provided by an Aboriginal health practitioner or nurse, under the supervision of a GP				31356 - 31376	Removal of skin lesions	\$varies
16400	Antenatal service – Provided by an Aboriginal health practitioner, midwife or nurse up to 10 per pregnancy	\$27.25		31206 - 31225	Tumour, cyst, ulcer or scar, sent for histological examination	\$varies
10988	Immunisation – Provided by an Aboriginal health practitioner	\$12.00		30107	Removal of ganglion or small bursa	\$219.95
10989	Wound dressing – Provided by an Aboriginal health practitioner	\$12.00		30111	Removal of large bursa, inc olecranon, calcaneum or patella	\$371.50

ⁱ Medicare rebates are paid as a percentage of the Medicare Schedule Fee. Please use the [MBS online search](#) to confirm the available rebate.