

MBS Items for Medical Practitioners in 3GA Programs and MDRAP

Billable items for non-vocationally recognised medical practitioners

The Medicare Benefits Schedule (MBS) provides specific billable items that may be utilised by a medical practitioner who is not a general practitioner (GP), specialist or consultant physician, and is registered in an approved 3GA program under [Section 19AA](#) of the Health Insurance Act 1973 (the Act). This includes current participants in the [More Doctors for Rural Australia Program \(MDRAP\)](#).

Further information

If you would like further information or to view the full item descriptors, visit the [MBS Online website](#). To find out more about [Section 19AA and approved 3GA programs](#), contact Rural Health West Permanent Recruitment by calling 08 6389 4500 or emailing recruit@ruralhealthwest.com.au

Professional attendance – consulting rooms		
Item description	Item number	Duration
Professional attendance at consulting rooms (other than a service to which any other item applies) – each attendance, by a medical practitioner in an eligible area.	179	Brief – less than 5 minutes
	185	Standard – 5-25 minutes
	189	Long – 25-45 minutes
	203	Prolonged – over 45 minutes

Professional attendance – home visit		
Item description	Item number	Duration
Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) – an attendance on one or more patients at one place on one occasion – each patient, by a medical practitioner in an eligible area.	181	Brief – less than 5 minutes
	187	Standard – 5-25 minutes
	191	Long – 25-45 minutes
	206	Prolonged – over 45 minutes

Professional attendance – residential aged care facility		
Item description	Item number	Duration
Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) – an attendance on one or more patients at one residential aged care facility on one occasion – each patient, by a medical practitioner in an eligible area.	90183	Brief – less than 5 minutes
	90188	Standard – 5-25 minutes
	90202	Long – 25-45 minutes
	90212	Prolonged – over 45 minutes

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Professional attendance – other consultations		
Item description	Item number	Duration
<p>Bulk billing item A medical service to which an item in this table (other than this item or item 10991) applies if:</p> <ul style="list-style-type: none"> a) the service is an unreferral service; b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; c) the person is not an admitted patient of a hospital; and d) the service is bulk-billed in respect of the fees for: <ul style="list-style-type: none"> i. this item ii. the other item in this table applying to the service. 	10990	NA
<p>Bulk billing item A medical service to which an item in this table (other than this item or item 10990) applies if:</p> <ul style="list-style-type: none"> a) the service is an unreferral service; b) the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; c) the person is not an admitted patient of a hospital; d) the service is bulk-billed in respect of the fees for: <ul style="list-style-type: none"> i. this item and ii. the other item in this table applying to the service; and e) the service is provided at, or from, a practice location in a regional, rural or remote area. 	10991	NA
<p>Spirometry Measurement of spirometry, that:</p> <ul style="list-style-type: none"> a) involves a permanently recorded tracing, performed before and after inhalation of a bronchodilator; and b) is performed to: <ul style="list-style-type: none"> i. confirm diagnosis of Chronic Obstructive Pulmonary Disease (COPD); or ii. assess acute exacerbations of asthma; or iii. monitor asthma and COPD; or iv. assess other causes of obstructive lung disease or the presence of restrictive lung disease; each occasion at which recordings are made. 	11506	NA
<p>ECG Twelve-lead electrocardiography to produce a trace only, by a medical practitioner, if the trace:</p> <ul style="list-style-type: none"> a) is required to inform clinical decision making; b) is reviewed in a clinically appropriate timeframe to identify potentially serious or life-threatening abnormalities; c) does not need to be fully interpreted or reported on; d) the service does not apply if the patient is an admitted patient (including for the purposes of pre-admission assessment); and e) the service is not associated with a service to which item 12203, 12204, 12205, 12207, 12208, 12210, 12213, 12215, 12217 or 12250 applies for any particular patient, applicable no more than twice on the same day. 	11707	NA
<p>Implanted electrocardiogram loop recording Implanted electrocardiogram loop recording, by a medical practitioner, including reprogramming when required; retrieval of stored data, analysis, interpretation and report by a medical practitioner, if the service is:</p> <ul style="list-style-type: none"> a) an investigation for a patient with: <ul style="list-style-type: none"> i. cryptogenic stroke; or ii. recurrent unexplained syncope; and b) not a service to which item 38285 of the general medical services table applies, and applicable once in a 4 week period. 	11731	NA

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Consultation – imminent danger of death		
Item description	Item number	Duration
Professional attendance by a medical practitioner for a period (other than a service to which another item applies) on a patient in imminent danger of death.	214	1-2 hours
	215	2-3 hours
	218	3-4 hours
	219	4-5 hours
	220	Over 5 hours

Health assessments		
Item description	Item number	Duration
Professional attendance by a medical practitioner to perform health assessment including: a) collection of relevant information, including taking a patient history; b) a basic physical examination; c) initiating interventions and referrals as indicated; and d) providing the patient with preventive health care advice and information.	224	Brief – less than 5 minutes
	225	Standard – 5-25 minutes
	226	Long – 25-45 minutes
	227	Prolonged – over 45 minutes
Aboriginal and Torres Strait Islander health assessment Professional attendance by a medical practitioner at consulting rooms or in another place other than a hospital or residential aged care facility, for a health assessment of a patient who is of Aboriginal or Torres Strait Islander descent – this item or item 715 not more than once in a nine-month period.	228	NA

Case management - includes multidisciplinary care plans		
Item description	Item number	Duration
GP management plan Attendance by a medical practitioner, for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items 735 to 758 and items 235 to 240 apply).	229	NA
Team care arrangement Attendance by a medical practitioner, to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758 and items 235 to 240 apply).	230	NA
Review of management plan/team care arrangement Contribution by a medical practitioner to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of items 735 to 758 and items 235 to 240 apply).	231	NA

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GP contribution to multidisciplinary care plan Contribution by a medical practitioner, to: <ol style="list-style-type: none"> a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider (other than a service associated with a service to which items 735 to 758 and items 235 to 240 apply). 	232	NA
Organise and coordinate case conference Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: <ol style="list-style-type: none"> a community case conference; or a multidisciplinary case conference in a residential aged care facility; or a multidisciplinary discharge case conference (other than a service associated with a service to which items 721 to 732 or items 229 to 233 apply). 	235	15-20 minutes
	236	20-40 minutes
	237	At least 40 minutes
Participate in case conference Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: <ol style="list-style-type: none"> a community case conference; or a multidisciplinary case conference in a residential aged care facility; or a multidisciplinary discharge case conference (other than a service associated with a service to which items 721 to 732 or items 229 to 233 apply). 	238	15-20 minutes
	239	20-40 minutes
	240	At least 40 minutes
Lead and coordinate case conference for cancer patient Attendance by a medical practitioner, as a member of a case conference team, to lead and coordinate a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary treatment plan, if the case conference is of at least 10 minutes, with a multidisciplinary team of at least 3 or 4 other medical practitioners from different areas of medical practice (which may include general practice) and, in addition, allied health providers.	243	At least 10 minutes with 3 medical practitioners
	244	At least 10 minutes with 4 medical practitioners

Medication management review		
Item description	Item number	Duration
Domiciliary Medication Management Review (DMMR) Participation by a medical practitioner in a DMMR for a patient living in a community setting, in which the medical practitioner, with the patient's consent: <p>Assesses the patient as:</p> <ol style="list-style-type: none"> having a chronic medical condition or a complex medication regimen; and not having their therapeutic goals met. <p>Following that assessment:</p> <ol style="list-style-type: none"> refers the patient to a community pharmacy or an accredited pharmacist for the DMMR; provides relevant clinical information required for the DMMR; discusses with the reviewing pharmacist the results of the DMMR including suggested medication management strategies; develops a written medication management plan following discussion with the patient; and provides the written medication management plan to a community pharmacy chosen by the patient. 	245	NA

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For any particular patient – this item or item 900 is applicable not more than once in each 12 month period, except if there has been a significant change in the patient's condition or medication regimen requiring a new DMMR.		
Residential Medication Management Review (RMMR) Participation by a medical practitioner in a RMMR for a patient who is a permanent resident of a residential aged care facility – other than an RMMR for a resident in relation to whom, in the preceding 12 months, this item or item 903 has applied, unless there has been a significant change in the resident's medical condition or medication management plan requiring a new RMMR.	249	NA

Cervical screening

Item description	Item number	Duration
Cervical screening consultation – in rooms Professional attendance at consulting rooms by a medical practitioner in an eligible area at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the past 4 years.	251	Brief – less than 5 minutes
	252	Standard – 5-25 minutes
	254	Long – 25-45 minutes
	256	Prolonged – over 45 minutes
Cervical screening consultation – out of rooms Professional attendance at a place other than consulting rooms by a medical practitioner in an eligible area, at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the past 4 years.	253	Standard – 5-25 minutes
	255	Long – 25-45 minutes
	257	Prolonged – over 45 minutes

Diabetes care

Item description	Item number	Duration
Diabetes cycle of care consultation – in rooms Professional attendance at consulting rooms by a medical practitioner in an eligible area, that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus.	259	Standard – 5-25 minutes
	261	Long – 25-45 minutes
	263	Prolonged – over 45 minutes
Diabetes cycle of care consultation – out of rooms Professional attendance at a place other than consulting rooms by a medical practitioner in an eligible area, that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus.	260	Standard – 5-25 minutes
	262	Long – 25-45 minutes
	264	Prolonged – over 45 minutes

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Asthma care		
Item description	Item number	Duration
Asthma cycle of care consultation – in rooms Professional attendance at consulting rooms by a medical practitioner in an eligible area, that completes the minimum requirements of the asthma cycle of care.	265	Standard – 5-25 minutes
	268	Long – 25-45 minutes
	270	Prolonged – over 45 minutes
Asthma cycle of care consultation – out of rooms Professional attendance at a place other than consulting rooms by a medical practitioner in an eligible area, that completes the minimum requirements of the asthma cycle of care.	266	Standard – 5-25 minutes
	269	Long – 25-45 minutes
	271	Prolonged – over 45 minutes

Mental health		
Item description	Item number	Duration
Mental health treatment plan Professional attendance by a medical practitioner (who has not undertaken mental health skills training) for the preparation of a GP mental health treatment plan for a patient.	272	20-40 minutes
	276	At least 50 Minutes
Review of mental health treatment plan Professional attendance by a medical practitioner to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a psychiatrist assessment and management plan.	277	NA
Mental health consultation Professional attendance by a medical practitioner in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation.	279	20 minutes
Mental health consultation – preparing GP mental health treatment plan Professional attendance by a medical practitioner (who has undertaken mental health skills training) for the preparation of a GP mental health treatment plan for a patient.	281	20-40 minutes
	282	At least 40 minutes
GP focused psychological strategies – in rooms Professional attendance at consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service.	283	30-40 minutes
	286	At least 40 minutes
GP focused psychological strategies – out of rooms Professional attendance at a place other than consulting rooms by a medical practitioner, for providing focussed psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service.	285	30-40 minutes
	287	At least 40 minutes

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<p>Non-directive pregnancy support counselling Professional attendance of at least 20 minutes in duration at consulting rooms by a medical practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who:</p> <ul style="list-style-type: none"> a) is currently pregnant; or b) has been pregnant in the 12 months preceding the provision of the first service to which this item or items 4001, 81000, 81005 or 81010 applies in relation to that pregnancy. 	792	At least 20 minutes
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After-hours attendances		
Item description	Item number	Duration
<p>After-hours consultation – in rooms, 1 patient Professional attendance at consulting rooms (other than a service to which another item applies) by a medical practitioner – each attendance. After-hours attendance items 733, 737, 741 and 745 may be claimed:</p> <ul style="list-style-type: none"> a) on a public holiday; b) on a Sunday; c) before 8am, or after 1pm on a Saturday; and d) before 8am, or after 8pm on any day other than a Saturday, Sunday or public holiday. 	733	Brief – less than 5 minutes
	737	Standard – 5-25 minutes
	741	Long – 25-45 minutes
	745	Prolonged – over 45 minutes
<p>After-hours consultations – in rooms, 1-6 patients Professional attendance by a medical practitioner (other than attendance at consulting rooms, a hospital or a residential aged care facility or a service to which another item in the table applies) – an attendance on one or more patients on one occasion – each patient, maximum of 6 patients. After-hours attendance items 761, 763, 766 and 769 may be claimed:</p> <ul style="list-style-type: none"> a) on a public holiday; b) on a Sunday; c) before 8am, or after 12 noon on a Saturday; and d) before 8am, or after 6pm on any day other than a Saturday, Sunday or public holiday. 	761	Brief – less than 5 minutes
	763	Standard – 5-25 minutes
	766	Long – 25-45 minutes
	769	Prolonged – over 45 minutes
<p>After-hours consultation – out of rooms, 1-6 patients Professional attendance (other than a service to which another item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex if the patient is accommodated in the residential aged care facility (other than accommodation in a self-contained unit) of not more than 5 minutes in duration by a medical practitioner – an attendance on one or more patients at one residential aged care facility on one occasion – each patient, maximum of 6 patients. After-hours attendance items 772, 776, 788 and 789 may be claimed:</p> <ul style="list-style-type: none"> a) on a public holiday; b) on a Sunday; c) before 8am, or after 12 noon on a Saturday; d) before 8am, or after 6pm on any day other than a Saturday, Sunday or public holiday. 	772	Brief – less than 5 minutes
	776	Standard – 5-25 minutes
	788	Long – 25-45 minutes
	789	Prolonged – over 45 minutes

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Video conferencing		
Item description	Item number	Duration
Video conferencing consultation – in rooms Professional attendance at consulting rooms (whether or not continuous) by a medical practitioner providing clinical support to a patient who: <ol style="list-style-type: none"> is participating in a video conferencing consultation with a specialist or consultant physician; is not an admitted patient; and either: <ol style="list-style-type: none"> is located both: <ol style="list-style-type: none"> within a telehealth eligible area; and at the time of the attendance – at least 15km by road from the specialist or physician mentioned in paragraph(a); or is a patient of: <ol style="list-style-type: none"> an Aboriginal Medical Service; or an Aboriginal Community Controlled Health Service: for which a direction made under subsection 19(2) of the Act applies. 	812	At least 5 minutes
	867	Less than 20 minutes
	873	At least 20 minutes
	885	At least 40 minutes
Video conferencing consultation – out of rooms Professional attendance not in consulting rooms (whether or not continuous) by a medical practitioner providing clinical support to a patient who: <ol style="list-style-type: none"> is participating in a video conferencing consultation with a specialist or consultant physician; is not an admitted patient; is not a care recipient in a residential care service; and is located both: <ol style="list-style-type: none"> within a telehealth eligible area; and at the time of the attendance – at least 15km by road from the specialist or physician mentioned in paragraph (a); for an attendance on one or more patients at one place on one occasion – each patient. 	827	At least 5 minutes
	868	Less than 20 minutes
	876	At least 20 minutes
	891	At least 40 minutes
Video conferencing consultation – patient in residential care Professional attendance (whether or not continuous) by a medical practitioner providing clinical support to a patient who: <ol style="list-style-type: none"> is participating in a video conferencing consultation with a specialist or consultant physician; is a care recipient in a residential care service; and is not a resident of a self-contained unit; for an attendance on one or more patients at one place on one occasion – each patient. 	829	At least 5 minutes
	869	Less than 20 minutes
	881	At least 20 minutes
	892	At least 40 minutes

Source: www.mbsonline.gov.au (Dec 2020) – refer to source for full item details including eligibility and restrictions.
 For further advice, comprehensive information and current fees for MBS items, please refer to MBS Online at www.mbsonline.gov.au

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