

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

Summary of General Attendance Items					
	Level A Straightforward	Level B 5-25 minutes	Level C 25+ minutes	Level D 45+ minutes	Level E 60+ minutes
Business hours					
In consulting rooms (MP) ¹	52	53	54	57	151
In consulting rooms (PMP) ² MM2-7 ³	179	185	189	203	301
Out of consulting rooms (MP)	58	59	60	65	165
Out of consulting rooms (PMP) MM2-7	181	187	191	206	303
Residential Aged Care Facility(RACF) (MP)	90092	90093	90095	90096	90098
RACF (PMP) MM2-7	90183	90188	90202	90212	90215
After-hours					
In consulting rooms (MP)	5200	5203	5207	5208	5209
In consulting rooms (PMP)	733	737	741	745	2197
Out of consulting rooms (MP)	5220	5223	5227	5228	5261
Out of consulting rooms (PMP)	761	763	766	769	2198
RACF (MP)	5260	5263	5265	5267	5262
RACF (PMP)	772	776	788	789	2200
Telehealth					
Telehealth (video) (MP)	91792	91803	91804	91805	91923
Telehealth (video) (PMP) MM 2-7	91794	91806	91807	91808	91926
Telephone (MP)	91892	91893	91903 ⁴	91913 ⁴	NA
Telephone (PMP) MM2-7			91906 ⁴	91916 ⁴	
¹ MP items can be claimed by all MPs who are not general practitioners.					
² PMP items can be claimed by medical practitioners that are not general practitioners, specialists or consultant physicians.					
³ MM means "Modified Monash". The Modified Monash Model is how the department defines whether a location is metropolitan, rural, remote or very remote. The model measures remoteness and population size on a scale of Modified Monash (MM) categories MM 1 to MM 7. MM 1 is a major city and MM 7 is very remote.					
⁴ Available to patients enrolled in MyMedicare only. Last reviewed: 1 November 2023					

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

Professional attendance – other consultations

Item description	Item number	Duration
<p>Bulk billing item</p> <p>A medical service to which an item in this table (other than this item or item 10991) applies if:</p> <ol style="list-style-type: none"> the service is an unreferral service; the service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder; the person is not an admitted patient of a hospital; and the service is bulk-billed in respect of the fees for: <ol style="list-style-type: none"> this item the other item in this table applying to the service. 	10990	NA

Fact Sheet

V4 / December 2023

<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

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

WWW.PRACTICEASSIST.COM.AU

WA Primary Health Alliance is supported by funding from the Australian Government under the PHN Program.
Rural Health West is funded by the Australian Government and WA Country Health Service.

Whilst all care has been taken in preparing this document, this information is a guide only and subject to change without notice.
Disclaimer: While the Australian Government has contributed funding support for this resource the information contained within it does not necessarily represent the views or policies of the Australian Government and has not been endorsed by the Australian Government.

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
GP contribution to multidisciplinary care plan Contribution by a medical practitioner, to: a) 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 b) 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

Fact Sheet

V4 / December 2023

Organise and coordinate case conference Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: a) a community case conference; or b) a multidisciplinary case conference in a residential aged care facility; or c) 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: a) a community case conference; or b) a multidisciplinary case conference in a residential aged care facility; or c) 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: Assesses the patient as: a) having a chronic medical condition or a complex medication regimen; and b) not having their therapeutic goals met. Following that assessment: a) refers the patient to a community pharmacy or an accredited pharmacist for the DMMR; b) provides relevant clinical information required for the DMMR; c) discusses with the reviewing pharmacist the results of the DMMR including suggested medication management strategies; d) develops a written medication management plan following discussion with the patient; and e) provides the written medication management plan to a community pharmacy chosen by the patient.	245	NA

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

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



Fact Sheet

V4 / December 2023

<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> <ol style="list-style-type: none"> is currently pregnant; or 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
--	------------	---------------------

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> <ol style="list-style-type: none"> on a public holiday; on a Sunday; before 8am, or after 1pm on a Saturday; and 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> <ol style="list-style-type: none"> on a public holiday; on a Sunday; before 8am, or after 12 noon on a Saturday; and 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> <ol style="list-style-type: none"> on a public holiday; on a Sunday; before 8am, or after 12 noon on a Saturday; 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

Source: www.mbsonline.gov.au – 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

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