

MBS Items Frequently used in General Practice

Fact Sheet Version 8 / December 2023

Item	*NEW* Bulk Billing Items
•	For patients U16 years or a concessional beneficiary for services provided where not admitted to hospital and service is bulk billed.
•	This item can be claimed with face-to-face level B, C, D and E general attendance items, and level B telehealth and telephone general attendance items
75870	Triple Bulk Billing Incentive for MMM1
75871	Triple Bulk Billing Incentive for MMM2
75872	Triple Bulk Billing Incentive for MMM3
75873	Triple Bulk Billing Incentive for MMM4
75874	Triple Bulk Billing Incentive for MMM5
75875	Triple Bulk Billing Incentive for MMM6
75876	Triple Bulk Billing Incentive for MMM7

Item	*NEW MyMedicare* Bulk Billing Items MyMedicare service is provided to MyMedicare enrolled patient.
•	For patients U16 years or a concessional beneficiary for services provided where not admitted to hospital and service is bulk billed.
•	This item can be claimed with level C, D, and E telehealth general attendance items, and level C and D telephone general attendance items, where the patient is registered with MyMedicare
75880	MyMedicare Telehealth Triple Incentive for MMM1
75881	MyMedicare Telehealth Triple Incentive for MMM2
75882	MyMedicare Telehealth Triple Incentive for MMM3 and MMM4
75883	MyMedicare Telehealth Triple Incentive for MMM5
75884	MyMedicare Telehealth Triple Incentive for MMM6
75885	MyMedicare Telehealth Triple Incentive for MMM7

Item	Routine hours consultation in surgery (VR)
3	(Level A) Brief
23	(Level B) Standard <20 mins
36	(Level C) Long 20-40 mins
44	(Level D) Prolonged ≥40 mins
123	(Level E) Prolonged ≥ 60minutes

Item	Routine hours consultation in surgery (Non-VR)
52	(Level A) Brief ≥ 5 mins
53	(Level B) Standard <25 mins
54	(Level C) Long 25-45 mins
57	(Level D) Prolonged ≥45 mins
151	(Level E) Prolonged ≥ 60minutes

Item	After Hours consultation in surgery (VR)
5000	(Level A) Brief
5020	(Level B) Standard <20 mins
5040	(Level C) Long 20-40 mins
5060	(Level D) Prolonged ≥40 mins
5071	(Level E) Prolonged ≥ 60minutes

Item	Bulk billing incentives - under 16s & Concession Card holders
•	For patients U16 years or a concessional beneficiary
•	MyMedicare registered
10990	Current Incentive for MMM1
10991	Current Incentive for MMM2
75855	Current Incentive for MMM3 and MMM4
75856	Current Incentive for MMM5
75857	Current Incentive for MMM6
75858	Current Incentive for MMM7

Item	Women's Health
16500	Antenatal attendance (routine)
16590	Management of pregnancy > 28 weeks (including mental health assessment) Once only
16591	Management of pregnancy < 28 weeks (including mental health assessment) Once only
14206	Administration of hormone implant by cannula (e.g., Implanon)
30062	Removal of hormone implant
35503	Insertion of IUD (e.g., Mirena)
73806	Urine pregnancy test

Item	DVA Annual Veterans Health Check
MT701	Brief <30 mins
MT703	Standard 30-45 mins
MT705	Long 45-60 mins
MT707	Prolonged ≥60 mins

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Item	Video Consultations and Telehealth Services
•	Telehealth attendance by a general practitioner requiring a short patient history and limited management.
•	Must have an established clinical relationship with patient
91790	Attendance for an obvious problem
91800	Attendance less than 20 minutes
91801	Attendance at least 20 minutes
•	Phone attendance by a general practitioner
•	Requiring a short patient history and if required limited management.
•	Must have an established clinical relationship
91890	Short consultation, less than 6 minutes
91891	Long consultation, 6 minutes or greater
•	Videoconference equivalent of existing face-to- face
92004	Health assessment
92024	Preparation of a GP management plan (GPMP)
92025	Coordination of Team Care Arrangements (TCAs)
•	Contribution to a Care Plan or to a review of Care Plan prepared by another provider or a review prepared by another provider.
•	Videoconference equivalent of existing face to face item
92026	For a patient who is not a care recipient in a residential aged care facility
92027	Contribution to a Multidisciplinary Care Plan, or to a review of a multidisciplinary care plan, for a resident in an aged care facility
92028	Review of a GPMP or Coordination of a Review of TCAs
•	Assessment, diagnosis and preparation of treatment and management plan
•	Applicable only once
•	Equivalent existing face to face item
92142	For patient under 13 years with an eligible disability, at least 45 minutes.
•	Consultation for nicotine & smoking cessation, care, and advice by a general practitioner at consulting room
93700	Lasting less than 20 minutes.
93690	Lasting less than 20 minutes.
93703	Lasting at least 20 minutes
93693	Lasting at least 20 minutes

•	Videoconference equivalent of existing face to face item
•	GP required to meet credentialing requirements for this item
92136	Non-directive pregnancy support counselling, at least 20 minutes
•	Telehealth equivalent of existing face to face item
•	Required to meet credentialing requirements for this item
92138	Non-directive pregnancy support counselling, at least 20 minutes
•	Consultation for the provision of services related to blood borne virus, sexual or reproductive health by a GP.
•	Note assisted reproductive technology & antenatal care are outside these items
92731	Phone attendance not more than 5 minutes
92715	Telehealth attendance not more than 5 minutes
92734	Phone attendance more than 5 minutes in duration but not more than 20 minutes
92718	Telehealth attendance more than 5 minutes in duration but not more than 20 minutes
92737	Phone attendance more than 20 minutes in duration but not more than 40 minutes
92721	Telehealth attendance more than 20 minutes in duration but not more than 40 minutes
92740	Phone attendance lasting at least 40 minutes in duration
92724	Telehealth attendance lasting at least 40 minutes in duration
Item	Health Assessments#
699	Heart health assessment, ≥20 mins
701	Brief <30 mins
703	Standard 30-45 mins
705	Long 45-60 mins
707	Prolonged ≥60 mins
715	Aboriginal and Torres Strait Islander health assessment (Every 9 months)
10987	Service to an Indigenous patient, following health assessment, by practice nurse or Aboriginal health practitioner (up to 10 per year)

Item	Medication Reviews
900	GP participation in Home Medicines Review with pharmacist.
903	GP participation in Residential Medication Management Review.

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Item	Chronic Disease Management
721	GP Management Plan (GPMP)
723	Team Care Arrangements (TCA)
732	Review of a GPMP or TCA
729	Contribution to Care Plan prepared by another provider, non-RACF.
731	Contribution to Care Plan prepared by another provider, RACF resident.
139	Assessment, diagnosis and management plan for a child under 13 with an eligible disability**
10997	Service to patient with a GPMP/TCA by practice nurse/Aboriginal health worker

Item	Diagnostic Procedures
11505	Spirometry – diagnosis (annually)
11506	Spirometry – confirm/monitor/assess
11707	ECG – 12 lead tracing& report
11607	24-hr BP for suspected hypertension (patient not treated), including report and treatment plan
73812	Hba1c point-of-care (POC) test for established diabetes, done by or on behalf of GP at an accredited practice for POC testing
73826	Hba1c POC test for established diabetes, done by nurse practitioner at an accredited practice for POC testing

Item	Mental Health
2700	GP Mental Health Treatment plan without mental health skills training 20-40 mins
2701	GP Mental Health Treatment plan <i>without</i> mental health skills training ≥40 mins
2715	GP Mental Health Treatment plan <i>with</i> mental health skills training 20-40 mins
2717	GP Mental Health Treatment plan <i>with</i> mental health skills training ≥40 mins
2712	Review GP Mental Health Treatment Plan
2713	Mental health consultation ≥20 mins.
2729	Telehealth consult focused psychological strategies <40min (MMM 4-7) see MBS for eligibility.

Item	Eating Disorder Items
90250	EDP preparation 20-40min by GP <i>without</i> Mental Health Training
90251	EDP preparation >40min by GP <i>without</i> Mental Health Training
90252	EDP preparation 20-40min by GP with Mental Health Training
90253	EDP preparation >40min by GP with Mental Health Training
90264	EDR Review with/without changes

Item	Minor Procedures
30003	Dressing of localised burns
30026	Wound repair <7cm, superficial
	excluding face or neck
30029	Wound repair <7cm, deep
	excluding face or neck
30032	Wound repair <7cm, superficial
	on face or neck
30035	Wound repair <7cm, deep
	on face or neck
30061	Removal of superficial foreign body, (including from cornea or sclera)
30064	Removal of Subcutaneous Foreign Body, requiring incision and exploration +/- wound closure
30071	Diagnostic biopsy of skin, sent for pathology
30072	Diagnostic biopsy of mucous membrane, sent for pathology
30107	Ganglion or small bursa excision
30192	Ablative treatment of 10 or more premalignant skin lesions
30196	Removal of malignant neoplasm of skin or mucous membrane, serial curettage, or laser
30202	Removal of malignant neoplasm of skin or mucous membrane (histopathologically proven or dermatologist-confirmed) by cryotherapy using repeat freeze thaw cycles
30216	*Aspiration of hematoma
30219	Incision and drainage of abscess/hematoma (excluding aftercare)
41500	Removal of foreign body from ear (other than by simple syringing)

#Refer to MBS for full patient eligibility guidelines.
Source: www.mbsonline.gov.au (November 2023)
Refer to source for full item details including eligibility & restrictions.
**75% and/or 85% and/or 100% rebate also applies to these item numbers askMBS.@MBS.com.au
13 21 50

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