

MBS QUICK GUIDE SEPTEMBER 2026

100% rebate for MBS fee listed; 75% and/or 85% rebates apply to items marked *

ROUTINE HOURS CONSULTATIONS

IN THE SURGERY		
Item no		
3	\$20.55	Level A (brief)
23	\$45.05	Level B (standard, 6-19 mins)
36	\$87.10	Level C (long, 20-39 mins)
44	\$128.35	Level D (prolonged, 40-59 mins)
123	\$207.90	Level E (prolonged, ≥60 mins)
RESIDENTIAL AGED CARE FACILITY (RACF)		
90001	\$65.80	Flag-fall service for each visit, first patient seen only; applies to return visits same day except for continuation of earlier episode of care
90020	\$20.55	Level A (applicable to each patient seen)
90035	\$45.05	Level B (applicable to each patient seen)
90043	\$87.10	Level C (applicable to each patient seen)
90051	\$128.35	Level D (applicable to each patient seen)
90054	\$207.90	Level E (applicable to each patient seen)
HOME/INSTITUTION/HOSPITAL VISITS (EXCLUDING RACF)		
	One patient seen	
4	\$52.05*	Level A
24	\$76.55*	Level B
37	\$118.60*	Level C
47	\$159.85*	Level D
124	\$239.40*	Level E

AFTER-HOURS CONSULTATIONS – URGENT

585	\$155.40*	Urgent after hours (Mon-Fri: 7-8am, 6-11pm; Sat: 7-8am, 12pm-11pm; Sun/public holiday: 7am-11pm)	599	\$183.15*	Urgent unsociable hours (between 11pm and 7am)
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AFTER-HOURS CONSULTATIONS – NON-URGENT

(Mon-Fri: before 8am/after 6pm or 8pm; Sat: before 8am/after 12pm or 1pm;
Sun/public holiday: all day); * later times apply to surgery consults

IN THE SURGERY		
Item no		
5000	\$34.70	Level A
5020	\$58.65	Level B
5040	\$100.55	Level C
5060	\$140.95	Level D
5071	\$239.45	Level E
RESIDENTIAL AGED CARE FACILITY (RACF)		
	One patient seen	
5010	\$90.65	Level A
5028	\$114.60	Level B
5049	\$156.50	Level C
5067	\$196.90	Level D
5077	\$295.40	Level E
HOME/INSTITUTION VISITS (EXCLUDING HOSPITAL/RACF)		
	One patient seen	
5003	\$65.80	Level A
5023	\$89.75	Level B
5043	\$131.65	Level C
5063	\$172.05	Level D
5076	\$270.55	Level E

PATIENT END SUPPORT SERVICES

IN THE SURGERY			RACF			HOME/INSTITUTION VISITS		
2484	\$65.55	Level B (6-19 mins)	2486	\$65.55	Level B	2485	\$76.10	Level B
2487	\$107.65	Level C (20-39 mins)	2489	\$107.65	Level C	2488	\$118.15	Level C
2490	\$148.85	Level D (40-59 mins)	2492	\$148.85	Level D	2491	\$156.70	Level D
2493	\$228.45	Level E (>60 mins)	2495	\$228.45	Level E	2494	\$238.95	Level E

HEALTH ASSESSMENTS

695	\$104.55	Menopause and perimenopause health assessment, ≥20 mins	699	\$87.10	Heart health assessment (annually), ≥20 mins, age ≥30
			715	\$254.10	Indigenous health assessment (every nine mths)
ELIGIBLE GROUPS			DVA ANNUAL VETERANS HEALTH CHECK – ELIGIBLE GROUPS		
40-49-yr-olds at high risk of diabetes (THREE YEARLY) 45-49-yr-olds at risk of developing chronic disease (ONCE ONLY)	- People aged ≥75 (ANNUALLY) - Permanent RACF residents (ANNUALLY) - People with intellectual disability (ANNUALLY)	- Refugees with Medicare access (ONCE ONLY) - Former serving members of the ADF (ONCE ONLY)	- Moved to civilian life from 1 July 2019 - Served at least one day - Have DVA card - First five yrs after transition		
Item no	DVA fee		Item no	DVA fee	
701	\$71.00	Brief, <30 mins	MT701	\$79.60	Brief, <30 mins
703	\$165.05	Standard, 30-45 mins	MT703	\$185.00	Standard, 30-45 mins
705	\$227.75	Long, 45-60 mins	MT705	\$255.30	Long, 45-60 mins
707	\$321.75	Prolonged, ≥60 mins	MT707	\$360.65	Prolonged, ≥60 mins

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CHRONIC DISEASE/COMPLEX CARE MANAGEMENT		
Item no		
965	\$160.60*	Prepare a GP chronic condition management plan (GPCCMP)
967	\$160.60*	Review of GPCCMP
10997	\$14.35	Service to patient with GP management plan/team care arrangement by practice nurse/Aboriginal health practitioner (up to five a yr)
10987	\$28.70	Service to an Indigenous patient, following health assessment, by practice nurse or Aboriginal health practitioner (up to 10 a yr)
139	\$161.05	Assessment, diagnosis and plan for patient aged <25 with an eligible disability (see MBS), lasting ≥45 mins
729	\$84.25	Contribution to/review of multidisciplinary care plan prepared by another provider, non-RACF resident
731	\$84.25	Contribution to/review of multidisciplinary care plan prepared by another provider, RACF resident
900	\$185.35	Domiciliary medication management review
903	\$126.90	Residential medication management review

MENTAL HEALTH		
2700	\$85.80*	GP mental health treatment plan WITHOUT mental health skills training • 20-39-min consultation • ≥40-min consultation
2701	\$126.35*	
2715	\$108.95*	WITH mental health skills training • 20-39-min consultation • ≥40-min consultation
2717	\$160.50*	
90250	\$85.80	GP eating disorders treatment and management plan WITHOUT mental health skills training • 20-39-min consultation • ≥40-min consultation
90251	\$126.35	
90252	\$108.95	WITH mental health skills training • 20-39-min consultation • ≥40-min consultation
90253	\$160.50	
90264	\$85.80	GP review of eating disorder treatment plan
930	\$84.65*	Mental health case conferencing GP ORGANISED • 15-20 mins • 20-40 mins • ≥40 mins
933	\$144.70*	
935	\$241.25*	
937	\$62.20*	GP PARTICIPATING • 15-20 mins • 20-40 mins • ≥40 mins
943	\$106.60*	
945	\$177.35*	

Summary of bulk-billing incentives: bit.ly/3Ly9PFI

WOMEN'S HEALTH		
Item no		
73806	\$10.15*	Urine pregnancy test
16500	\$56.45*	Routine antenatal attendance
16591	\$170.75*	Management of pregnancy >28/40 (including mental health assessment) by shared care GP who is not planning to perform the delivery
16407	\$85.80*	4-8 weeks postnatal attendance, >20 mins, including mental health and domestic violence assessment
14206	\$103.00*	Administration of hormone implant by cannula (including Implanon)
30062	\$107.90*	Removal of Implanon
35503	\$221.55*	Insertion of IUD

If item 14206, 30062 or 35503 is bulk-billed, item 35501 can be co-claimed for added 'loading' fee of 40% of rebate

DIAGNOSTIC PROCEDURES		
Item no		
11505	\$49.30*	Diagnostic spirometry – pre and post bronchodilator (annually)
11506	\$24.60*	Disease monitoring spirometry – pre and post bronchodilator
11707	\$22.00*	12-lead ECG trace only, no report
11714	\$29.00*	12 lead ECG, trace and interpretation
11607	\$123.20*	24-hr blood pressure for suspected hypertension (patient not treated), including report and treatment plan
73812	\$11.80*	HbA1c point-of-care (POC) test for established diabetes, done by or on behalf of GP at an accredited practice for POC testing
73826	\$11.80*	HbA1c POC test for established diabetes, done by nurse practitioner at an accredited practice for POC testing

MINOR PROCEDURES		
Item no		
30071	\$62.55*	Diagnostic biopsy of skin
30072	\$62.55*	Diagnostic biopsy of mucous membrane
30192	\$47.30*	Ablative treatment of 10 or more pre-malignant skin lesions
30196	\$151.10*	Removal of malignant neoplasm of skin or mucous membrane (histopathologically proven or dermatologist confirmed) by serial curettage or laser excision/ablation
30202	\$57.80*	Removal of malignant neoplasm of skin or mucous membrane (histopathologically proven or dermatologist confirmed) by cryotherapy using repeat freeze-thaw cycles
30064	\$131.55*	Removal of subcutaneous foreign body, requiring incision and exploration +/- wound closure
30061	\$28.15*	Removal of superficial foreign body, including cornea/sclera
30216	\$32.75*	Aspiration of haematoma
30219	\$32.75*	Incision and drainage of abscess/haematoma (excluding aftercare)
41500	\$98.70*	Removal of foreign body from ear (other than by simple syringing)
30026	\$62.55*	Wound repair, ≤7cm, superficial
30032	\$98.70*	Wound repair, ≤7cm, deep
30029	\$107.75*	• Not face or neck
30035	\$140.70*	• Face or neck
47904	\$67.60*	Toenail removal
47915	\$202.00*	Ingrown toenail (wedge resection)
47916	\$101.95*	Ingrown toenail (phenol/electrocautery/laser to nail bed)
32147	\$53.95*	Incision of perianal thrombosis
32072	\$57.25*	Sigmoidoscopic examination
30003	\$43.50*	Dressing of localised burns

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