

MBS QUICK GUIDE JUNE 2022

100% rebate for Medicare Benefits Schedule fee listed. 75% and/or 85% rebates apply to items marked *

| ROUTINE HOURS CONSULTATIONS | | | AFTER HOURS CONSULTATIONS – NON-URGENT <small>(Mon-Fri: before 8am/after 6 or 8pm*; Sat: before 8am/after noon or 1pm*; Sun/Public holiday: all day) * Later times apply to surgery consults</small> | | |
|--|-----------|---|---|-----------|--|
| IN THE SURGERY | | | IN THE SURGERY | | |
| Item no | | | Item no | | |
| 3 | \$17.90 | (Level A) Brief | 5000 | \$30.15 | Brief |
| 23 | \$39.10 | (Level B) Standard < 20 mins | 5020 | \$51.00 | Standard |
| 36 | \$75.75 | (Level C) Long 20-40 mins | 5040 | \$87.40 | Long |
| 44 | \$111.50 | (Level D) Prolonged ≥ 40 mins | 5060 | \$122.55 | Prolonged |
| RESIDENTIAL AGED CARE FACILITY (RACF) | | | RESIDENTIAL AGED CARE FACILITY (RACF) | | |
| 90001 | \$57.25 | Flag fall service for each visit, first patient seen only. Applies to return visits same day, except for continuation of earlier episode of care. | One patient seen | | |
| 90020 | \$17.90 | Brief (applicable to each patient seen) | 5010 | \$78.75 | Brief |
| 90035 | \$39.10 | Standard (applicable to each patient seen) | 5028 | \$99.60 | Standard |
| 90043 | \$75.75 | Long (applicable to each patient seen) | 5049 | \$136.00 | Long |
| 90051 | \$111.50 | Prolonged (applicable to each patient seen) | 5067 | \$171.15 | Prolonged |
| HOME/INSTITUTION/HOSPITAL VISITS (EXCLUDING RACF) | | | HOME/INSTITUTION VISITS (EXCLUDING HOSPITAL/RACF) | | |
| One patient seen | | | One patient seen | | |
| 4 | \$45.30* | Brief | 5003 | \$57.15 | Brief |
| 24 | \$66.50* | Standard | 5023 | \$78.00 | Standard |
| 37 | \$103.15* | Long | 5043 | \$114.40 | Long |
| 47 | \$138.90* | Prolonged | 5063 | \$149.55 | Prolonged |
| AFTER HOURS CONSULTATIONS – URGENT | | | | | |
| 585 | \$135.10* | Urgent after hours <small>(Mon-Fri: 7-8am, 6-11pm; Sat: 7-8am, 12noon-11pm; Sun/Public holiday: 7am-11pm)</small> | 599 | \$159.20* | Urgent unsociable hours <small>(between 11pm-7am)</small> |

| HEALTH ASSESSMENTS | | | | | |
|--------------------|----------|---|--|--|---|
| Item no | | | ELIGIBLE GROUPS | | |
| 701 | \$61.75 | Brief < 30 mins | <ul style="list-style-type: none"> 40-49-year-olds at high risk of diabetes (3 YEARLY) 45-49-year-olds at risk of developing chronic disease (ONCE ONLY) | <ul style="list-style-type: none"> People aged ≥ 75 years (ANNUALLY) Permanent RACF residents (ANNUALLY) People with intellectual | <ul style="list-style-type: none"> disability (ANNUALLY) Refugees with Medicare access (ONCE ONLY) Former serving members of the ADF (ONCE ONLY) |
| 703 | \$143.50 | Standard 30-45 mins | | | |
| 705 | \$198.00 | Long 45-60 mins | | | |
| 707 | \$279.70 | Prolonged ≥ 60 mins | | | |
| 715 | \$220.85 | Indigenous health assessment (every 9 months) | | | |
| 699 | \$76.45 | Heart health assessment, lasting at least 20 mins (annually), available to people aged ≥ 30 years and older | | | |

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CHRONIC DISEASE/ COMPLEX CARE MANAGEMENT

| Item no | | |
|---------|-----------|--|
| 721 | \$150.10* | GP Management Plan (GPMP) |
| 723 | \$118.95* | Team Care Arrangement (TCA) |
| 732 | \$74.95* | Review of GPMP/TCA |
| 10997 | \$12.50 | Service to patient with GPMP/TCA by practice nurse/ Aboriginal health practitioner (up to 5 per year) |
| 10987 | \$24.95 | Service to an Indigenous patient, following health assessment, by practice nurse or Aboriginal health practitioner (up to 10 per year) |
| 139 | \$139.95 | Assessment, diagnosis and management plan for a child under 13 with an eligible disability (see MBS) |
| 729 | \$73.25 | Contribution/review of multidisciplinary care plan prepared by another provider, non-RACF resident |
| 731 | \$73.25 | Contribution to/review of multidisciplinary care plan prepared by another provider, RACF resident |
| 900 | \$161.10 | Domiciliary medication management review |
| 903 | \$110.30 | Residential medication management review |

MENTAL HEALTH

| Item no | | |
|--|-----------|--|
| GP mental health treatment plan, WITHOUT mental health skills training | | |
| 2700 | \$74.60* | • 20-39 min consultation |
| 2701 | \$109.85* | • ≥ 40 min consultation |
| WITH mental health skills training | | |
| 2715 | \$94.75* | • 20-39 min consultation |
| 2717 | \$139.55* | • ≥ 40 min consultation |
| 2712 | \$74.60* | Review of GP mental health treatment plan |
| 2713 | \$74.60 | Mental health consultation lasting ≥ 20 mins |
| GP eating disorders treatment plan, WITHOUT mental health skills training | | |
| 90250 | \$74.60 | • 20-39 min consultation |
| 90251 | \$109.85 | • ≥ 40 min consultation |
| WITH mental health skills training | | |
| 90252 | \$94.75 | • 20-39 min consultation |
| 90253 | \$139.55 | • ≥ 40 min consultation |
| 90264 | \$74.60 | GP review of eating disorders treatment and management plan |
| Focused psychological strategies to bushfire affected patients by appropriately credentialed GPs IN SURGERY | | |
| 91721 | \$113.50* | • 30-39 min consultation |
| 91725 | \$162.45* | • ≥ 40 min consultation |
| OUT OF SURGERY one patient seen | | |
| 91723 | \$145.25 | • 30-39 min consultation |
| 91727 | \$194.20 | • ≥ 40 min consultation |
| TELEHEALTH CONSULT | | |
| 91729 | \$113.50* | • 30-39 min consultation |
| 91731 | \$162.45* | • ≥ 40 min consultation |

DIAGNOSTIC PROCEDURES

| Item no | | |
|---------|-----------|--|
| 11505 | \$42.80* | Diagnostic spirometry – pre and post bronchodilator (one annually) |
| 11506 | \$21.40* | Disease monitoring spirometry – pre and post bronchodilator |
| 11707 | \$19.95* | 12-lead ECG tracing only, no report |
| 11607 | \$107.20* | 24-hr BP 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 |

WOMEN'S HEALTH

| Item no | | |
|---------|-----------|---|
| 73806 | \$10.15* | Urine pregnancy test |
| 16500 | \$49.05* | Routine antenatal attendance |
| 16591 | \$148.40* | Management of pregnancy >28/40 (including mental health assessment) by shared care GP who is not planning to perform the delivery |
| 14206 | \$37.05* | Administration of hormone implant by cannula (including Implanon) |
| 30062 | \$63.20* | Removal of Implanon |
| 35503 | \$83.40* | Insertion of IUD |

MINOR PROCEDURES

| Item no | | |
|---------|-----------|--|
| 30071 | \$54.35* | Diagnostic biopsy of skin |
| 30072 | \$54.35* | Diagnostic biopsy of mucous membrane |
| 30192 | \$41.15* | Ablative treatment of 10 or more premalignant skin lesions |
| 30196 | \$131.35* | Removal of malignant neoplasm of skin or mucous membrane (histopathologically-proven or dermatologist-confirmed), by serial curettage or laser excision/ablation |
| 30202 | \$50.30* | Removal of malignant neoplasm of skin or mucous membrane (histopathologically-proven or dermatologist-confirmed) by cryotherapy using repeat freeze thaw cycles |
| 30064 | \$114.30* | Removal of subcutaneous foreign body, requiring incision and exploration +/- wound closure |
| 30061 | \$24.45* | Removal of superficial foreign body, including cornea/sclera |
| 30216 | \$28.45* | Aspiration of haematoma |
| 30219 | \$28.45* | Incision and drainage of abscess/haematoma (excluding aftercare) |
| 41500 | \$85.80* | Removal of foreign body from ear (other than by simple syringing) |
| 30026 | \$54.35* | Wound repair, ≤ 7cm, superficial |
| 30032 | \$85.80* | • not face or neck • face or neck |
| 30029 | \$93.65* | Wound repair, ≤ 7cm, deep |
| 30035 | \$122.35* | • not face or neck • face or neck |
| 47904 | \$58.75* | Toenail removal |
| 47915 | \$176.35* | Ingrown toenail (wedge resection) |
| 47916 | \$88.60* | Ingrown toenail (phenol/electrocautery/laser to nail bed) |
| 32147 | \$46.90* | Incision of perianal thrombosis |
| 32072 | \$49.80* | Sigmoidoscopic examination |
| 30003 | \$37.80* | Dressing of localised burns |

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