

MBS QUICK GUIDE DECEMBER 2025

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

ROUTINE HOURS CONSULTATIONS

IN THE SURGERY		
Item no		
3	\$20.05	Level A (brief)
23	\$43.90	Level B (standard, 6-19 mins)
36	\$84.90	Level C (long, 20-39 mins)
44	\$125.10	Level D (prolonged, 40-59 mins)
123	\$202.65	Level E (prolonged, ≥60 mins)
RESIDENTIAL AGED CARE FACILITY (RACF)		
90001	\$64.15	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	\$20.05	Level A (applicable to each patient seen)
90035	\$43.90	Level B (applicable to each patient seen)
90043	\$84.90	Level C (applicable to each patient seen)
90051	\$125.10	Level D (applicable to each patient seen)
90054	\$202.65	Level E (applicable to each patient seen)
HOME/INSTITUTION/HOSPITAL VISITS (EXCLUDING RACF)		
	One patient seen	
4	\$50.75*	Level A
24	\$74.60*	Level B
37	\$115.60*	Level C
47	\$155.80*	Level D
124	\$233.35*	Level E

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	\$33.80	Level A
5020	\$57.15	Level B
5040	\$98.00	Level C
5060	\$137.40	Level D
5071	\$233.40	Level E
RESIDENTIAL AGED CARE FACILITY (RACF)		
	One patient seen	
5010	\$88.35	Level A
5028	\$111.70	Level B
5049	\$152.55	Level C
5067	\$191.95	Level D
5077	\$287.95	Level E
HOME/INSTITUTION VISITS (EXCLUDING HOSPITAL/RACF)		
	One patient seen	
5003	\$64.10	Level A
5023	\$87.45	Level B
5043	\$128.30	Level C
5063	\$167.70	Level D
5076	\$263.70	Level E

AFTER-HOURS CONSULTATIONS – URGENT

585	\$151.45*	Urgent after hours (Mon-Fri: 7-8am, 6-11pm; Sat: 7-8am, 12pm-11pm; Sun/public holiday: 7am-11pm)
599	\$178.50*	Urgent unsociable hours (between 11pm and 7am)

HEALTH ASSESSMENTS

695	\$101.90	Menopause and perimenopause health assessment, ≥20 mins
699	\$84.90	Heart health assessment (annually), ≥20 mins, age ≥30
715	\$247.65	Indigenous health assessment (every nine mths)
ELIGIBLE GROUPS		
<ul style="list-style-type: none"> 40-49-yr-olds at high risk of diabetes (THREE YEARLY) 45-49-yr-olds at risk of developing chronic disease (ONCE ONLY) 	<ul style="list-style-type: none"> 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) 	
701	\$69.20	Brief, <30 mins
703	\$160.85	Standard, 30-45 mins
705	\$222.00	Long, 45-60 mins
707	\$313.60	Prolonged, ≥60 mins
DVA ANNUAL VETERANS HEALTH CHECK – ELIGIBLE GROUPS		
<ul style="list-style-type: none"> Moved to civilian life from 1 July 2019 	<ul style="list-style-type: none"> Served at least one day Have DVA card 	<ul style="list-style-type: none"> First five yrs after transition
Item no	DVA fee	
MT701	\$77.75	Brief, <30 mins
MT703	\$180.70	Standard, 30-45 mins
MT705	\$249.35	Long, 45-60 mins
MT707	\$352.20	Prolonged, ≥60 mins

CHRONIC DISEASE/COMPLEX CARE MANAGEMENT

Item no		
965	\$156.55*	Prepare a GP chronic condition management plan (GPCCMP)
967	\$156.55*	Review of GPCCMP
10997	\$14.00	Service to patient with GP management plan/team care arrangement by practice nurse/Aboriginal health practitioner (up to five a yr)
10987	\$27.95	Service to an Indigenous patient, following health assessment, by practice nurse or Aboriginal health practitioner (up to 10 a yr)
139	\$156.95	Assessment, diagnosis and plan for patient aged <25 with an eligible disability (see MBS), lasting ≥45 mins
729	\$82.10	Contribution to/review of multidisciplinary care plan prepared by another provider, non-RACF resident
731	\$82.10	Contribution to/review of multidisciplinary care plan prepared by another provider, RACF resident
900	\$180.65	Domiciliary medication management review
903	\$123.70	Residential medication management review

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

MBS BULK-BILLING INCENTIVES (BBi)		
Available to all Medicare-eligible patients		
APPLICABLE SERVICE	BBi ITEM NUMBER	REBATE paid at 85% of schedule fee
All level A consults (routine and non-urgent after hours); video consults level C, D, E for patients not enrolled in MyMedicare; chronic disease/complex care management, health assessment, mental health and eating disorder items		
MM1	10990	\$7.35
MM2	10991	\$11.05
MM3-4	75855	\$11.70
MM5	75856	\$12.50
MM6	75857	\$13.15
MM7	75858	\$14.05
Face-to-face consults level B, C, D, E (routine and non-urgent after hours); video and phone consults level B		
MM1	75870	\$21.85
MM2	75871	\$33.25
MR3-4	75873	\$35.30
MM 5	75874	\$37.55
MM6	75875	\$39.65
MM7	75876	\$42.05
For MyMedicare-enrolled patients only, video consults level C, D, E and phone consults level C, D		
MM1	75880	\$21.85
MM2	75881	\$33.25
MM3-4	75882	\$35.30
MM5	75883	\$37.55
MM6	75884	\$39.65
MM7	75885	\$42.05
After-hours, out-of-rooms consults in MM2-7 area provided by, or on behalf of, an MM1 practitioner (including items 585, 599 and level A RACF/home visit items)		
	10992	\$11.05
After-hours, out-of-rooms consults in MM2-7 area provided by, or on behalf of, an MM1 practitioner (applies to level B, C, D, E RACF/home visit items)		
	75872	\$33.25

MM = Modified Monash area
Summary of bulk-billing incentives: bit.ly/3Ly9PFI

MENTAL HEALTH		
2700 2701	\$83.65*	GP mental health treatment plan WITHOUT mental health skills training • 20-39-min consultation • ≥40-min consultation
	\$123.15*	
2715 2717	\$106.20*	WITH mental health skills training • 20-39-min consultation • ≥40-min consultation
	\$156.45*	
90250 90251	\$83.65	GP eating disorders treatment and management plan WITHOUT mental health skills training • 20-39-min consultation • ≥40-min consultation
	\$123.15	
90252 90253	\$106.20	WITH mental health skills training • 20-39-min consultation • ≥40-min consultation
	\$156.45	
90264	\$83.65	GP review of eating disorder treatment plan
930 933	\$82.50*	Mental health case conferencing GP ORGANISED • 15-20 mins • 20-40 mins
	\$141.05*	
935	\$235.15*	• ≥40 mins
937 943	\$60.60*	GP PARTICIPATING • 15-20 mins • 20-40 mins
	\$103.90*	
945	\$172.85*	• ≥40 mins

WOMEN'S HEALTH		
Item no		
73806	\$10.15*	Urine pregnancy test
16500	\$55.00*	Routine antenatal attendance
16591	\$166.40*	Management of pregnancy >28/40 (including mental health assessment) by shared care GP who is not planning to perform the delivery
16407	\$83.65*	4-8 weeks postnatal attendance, >20 mins, including mental health and domestic violence assessment
14206	\$100.40*	Administration of hormone implant by cannula (including Implanon)
30062	\$105.15*	Removal of Implanon
35503	\$215.95*	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	\$48.05*	Diagnostic spirometry – pre and post bronchodilator (annually)
11506	\$24.00*	Disease monitoring spirometry – pre and post bronchodilator
11707	\$21.45*	12-lead ECG tracing only, no report
11607	\$120.10*	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	\$60.95*	Diagnostic biopsy of skin
30072	\$60.95*	Diagnostic biopsy of mucous membrane
30192	\$46.10*	Ablative treatment of 10 or more pre-malignant skin lesions
30196	\$147.25*	Removal of malignant neoplasm of skin or mucous membrane (histopathologically proven or dermatologist confirmed) by serial curettage or laser excision/ablation
30202	\$56.35*	Removal of malignant neoplasm of skin or mucous membrane (histopathologically proven or dermatologist confirmed) by cryotherapy using repeat freeze–thaw cycles
30064	\$128.20*	Removal of subcutaneous foreign body, requiring incision and exploration +/- wound closure
30061	\$27.45*	Removal of superficial foreign body, including cornea/sclera
30216	\$31.90*	Aspiration of haematoma
30219	\$31.90*	Incision and drainage of abscess/haematoma (excluding aftercare)
41500	\$96.20*	Removal of foreign body from ear (other than by simple syringing)
30026	\$60.95*	Wound repair, ≤7cm, superficial
		• Not face or neck
30032	\$96.20*	• Face or neck
30029	\$105.00*	Wound repair, ≤7cm, deep
		• Not face or neck
30035	\$137.15*	• Face or neck
47904	\$65.90*	Toenail removal
47915	\$197.75*	Ingrown toenail (wedge resection)
47916	\$99.35*	Ingrown toenail (phenol/electrocautery/laser to nail bed)
32147	\$52.60*	Incision of perianal thrombosis
32072	\$55.80*	Sigmoidoscopic examination
30003	\$42.40*	Dressing of localised burns