



COMMON MBS ITEM NUMBER CHECKLIST

MBS 1ST November 2007

For further information, check your MBS book or MBS online: <http://www9.health.gov.au/mbs/>

Item No	NORMAL CONSULTATIONS			MBS \$
3	BRIEF PRACTICE CONSULT	LEVEL A - Minor	GROUP A1	\$15.00
23	STANDARD PRACTICE CONSULT	LEVEL B - <20 mins*	GROUP A1	\$32.80
36	LONG PRACTICE CONSULT	LEVEL C - 20-40 mins	GROUP A1	\$62.30
44	PROLONGED PRACTICE CONSULT	LEVEL D - >40 mins	GROUP A1	\$91.70
4	HOME VISIT BRIEF	LEVEL A - Minor	GROUP A1	See Table 1
24	HOME VISIT STANDARD	LEVEL B - <20 mins*	GROUP A1	See Table 1
37	HOME VISIT LONG	LEVEL C - 20-40 mins	GROUP A1	See Table 1
47	HOME VISIT PROLONGED	LEVEL D - >40 mins	GROUP A1	See Table 1
20	NURSING HOME BRIEF	LEVEL A - Minor	GROUP A1	See Table 2
35	NURSING HOME STANDARD	LEVEL B - <20 mins*	GROUP A1	See Table 2
43	NURSING HOME LONG	LEVEL C - 20-40 mins	GROUP A1	See Table 2
51	NURSING HOME PROLONGED	LEVEL D - >40 mins	GROUP A1	See Table 2
EMERGENCY IMMINENT DANGER				
Prolonged attendance in Treatment of a Critical Condition				
160	EMERGENCY IMMIN DANGER PROLONGED 1-2HR			\$196.10
161	EMERGENCY IMMIN DANGER PROLONGED 2-3HR			\$326.85
162	EMERGENCY IMMIN DANGER PROLONGED 3-4HR			\$457.45
163	EMERGENCY IMMIN DANGER PROLONGED 4-5HR			\$588.30
164	EMERGENCY IMMIN DANGER PROLONGED >5HR			\$653.70
EMERGENCY AFTER HOURS				
The emergency after-hours items is only used for the first patient if more than one patient is seen on the one occasion. For second and subsequent patients attended on the same occasion, after-hours items listed below will apply.				
1	EMERGENCY A/H NOT ROOMS NOT 11PM-7AM	-see AFTER HOURS below*	GROUP A1	\$114.95
601	EMERGENCY A/H NOT ROOMS 11PM-7AM		GROUP A1	\$135.45
2	EMERGENCY A/H ROOMS NOT 11PM-7AM	- see AFTER HOURS below*	GROUP A1	\$114.95
602	EMERGENCY A/H ROOMS 11PM-7AM		GROUP A1	\$135.45
AFTER HOURS				
* Service provided must be initiated either on public holiday, Sunday, before 8am or after 1pm on a Saturday or before 8am or after 8pm on any other day. (Also refer Emergency After Hours Item Numbers above)				
5000	AFTER HOURS BRIEF	LEVEL A	GROUP A1	\$25.65
5020	AFTER HOURS STANDARD	LEVEL B	GROUP A1	\$43.45
5040	AFTER HOURS LONG	LEVEL C	GROUP A1	\$72.90
5060	AFTER HOURS PROLONGED	LEVEL D	GROUP A1	\$102.35
DIAGNOSTIC				
# 11506	SPIROMETRY-BEFORE & AFTER BRONCHODILATOR			\$18.50
# 11700	ECG TRACING & REPORT			\$28.20
OBSTETRIC				
# 14206	HORMONE OR LIVING TISSUE IMPLANTATION by cannula (Implanon insertion)			\$32.15
# 30061	FOREIGN BODY SUPERFICIAL-REMOVAL OF (Implanon removal)			\$21.20
* 16500	ANTENATAL ATTENDANCE			\$38.65
16514	ANTENATAL CTG			\$33.10
16515	MANAGEMENT VAGINAL DELIVERY ONLY			\$313.05
16518	LABOUR MANAGEMENT INCOMPLETE- THEN TRANSFER			\$313.05
16519	LABOUR AND DELIVERY			\$482.05
16522	MANAGEMENT OF COMPLICATED LABOUR & DELIVERY			\$1131.85
16590	PREGNANCY >20 WEEKS PLANNING MANAGAMENT x1 occasion only			\$117.05
SUTURING / FOREIGN BODY / OTHER				
# 30023	DEEP OR CONTAMINATED WOUND SUTURE REG BLOCK			\$294.45
# 30026	SUTURE < 7CM SUPERFICIAL NOT FACE			\$47.15
# 30029	SUTURE < 7CM DEEP NOT FACE			\$81.25
# 30032	SUTURE < 7CM SUPERFICIAL FACE			\$74.50
# 30035	SUTURE < 7CM DEEP FACE			\$106.15
# 30038	SUTURE > 7CM SUPERFICIAL NOT FACE			\$81.25
# 30041	SUTURE > 7CM DEEP NOT FACE			\$130.05
# 30045	SUTURE > 7CM DEEP FACE			\$106.15
# 30052	SUTURE EYELID/NOSE/EAR			\$229.35
# 30061	FOREIGN BODY SUPERFICIAL-REMOVAL OF (INC CORNEA/SCLERA) (INC IMPLANON)			\$21.20
# 30064	FOREIGN BODY SUBCUTANEOUS - REMOVAL OF			\$99.25
# 30067	FOREIGN BODY DEEP - REMOVAL OF			\$201.95

# 30071	BIOPSY SKIN	\$47.15						
# 30219	HAEMATOMA, FURUNCLE, ABSCESS, LESION-INCISION WITH DRAINAGE OF	\$24.70						
# 36800	URINARY CATHETER	\$24.95						
# 41500	FOREIGN BODY EAR - REMOVAL OF	\$74.50						
# 41659	FOREIGN BODY NOSE - REMOVAL OF	\$70.05						
# 42644	FOREIGN BODY CORNEA/SCLERA - REMOVAL OF IMBEDDED	\$65.10						
# 50124	JOINT, ASPIRATION OF, INJECTION INTO, OR BOTH OF THESE PROCEDURES	\$26.75						
PATHOLOGY								
# 73806	PREGNANCY TEST Medicare incentive 74991 if applicable	\$10.20						
# 73809	FAECAL OCCULT BLOOD Medicare incentive 74991 if applicable	\$2.35						
ENHANCED PRIMARY CARE / CHRONIC DISEASE MANAGEMENT								
# 700	HEALTH ASSESSMENT NON-ATSI AGED 75 & OVER - AT ROOMS	\$171.15						
# 702	HEALTH ASSESSMENT NON-ATSI AGED 75 & OVER - AT HOME	\$242.05						
# 704	HEALTH ASSESSMENT ATSI AGED 55 & OVER - AT ROOMS	\$171.15						
# 706	HEALTH ASSESSMENT ATSI AGED 55 & OVER - AT HOME	\$242.05						
# 708	CHILD HEALTH CHECK - ATSI AGED 0-14YRS	\$171.15						
# 710	ADULT HEALTH CHECK- ATSI AGED 15-54 YRS	\$204.00						
# 712	COMPREHENSIVE MEDICAL ASSESSMENT IN NURSING HOMES	\$191.80						
# 717	ADULT HEALTH CHECK AGED 45-49 YRS	\$102.20						
* 721	PREPARE GP MANAGEMENT PLAN	\$127.70						
* 723	PREPARE TEAM CARE PLAN	\$101.15						
* 725	REVIEW GP MANAGEMENT PLAN	\$63.85						
* 727	REVIEW TEAM CARE PLAN	\$63.85						
* 731	CONTRIBUTION TO CARE PLAN (Prepared by a Nursing Home / Residential Aged Care Facility)	\$62.30						
❖ 740	ORGANISE CASE CONF 15-30 MIN NOT DISCHARGE	\$85.60						
❖ 742	ORGANISE CASE CONF 30-45 MIN NOT DISCHARGE	\$128.40						
❖ 744	ORGANISE CASE CONF > 45 MIN NOT DISCHARGE	\$171.15						
❖ 759	PARTICIPATE IN CASE CONF NOT DISCHARGE 15-30 MIN	\$61.10						
❖ 762	PARTICIPATE IN CASE CONF NOT DISCHARGE 30-45 MIN	\$97.80						
❖ 765	PARTICIPATE IN CASE CONF NOT DISCHARGE > 45MIN	\$134.45						
* 900	HOME MEDICINE REVIEW	\$137.05						
* 903	RESIDENTIAL MEDICATION MANAGEMENT REVIEW - N/HOME RESIDENTS	\$93.85						
2710	GP MENTAL HEALTH CARE PLAN	\$153.30						
2712	GP MENTAL HEALTH CARE PLAN REVIEW	\$102.20						
2713	GP MENTAL HEALTH CONSULTATION >20 mins	\$67.45						
PRACTICE NURSE								
10993	IMMUNISATION PROVIDED BY NURSE	\$10.85						
10994	PAP SMEAR BY PRACTICE NURSE + PREVENTION CHECK	\$21.70						
10995	PAP SMEAR BY PRACTICE NURSE + PREVENTION CHECK IF SMEAR >4 YEARS AGO	\$21.70						
10996	WOUND MANAGEMENT (other than normal aftercare) PROVIDED BY NURSE	\$10.85						
10997	GPMP / TCA MONITORING SERVICE (provided to a person with a chronic disease by a practice nurse)	\$10.85						
16400	ANTENATAL CARE PROVIDED BY NURSE	\$22.40						
MEDICARE INCENTIVES								
Additional rebate claim for bulk billed services in RRMA 3-7 where service is provided to CCH or to a child under the age of 16 yr.								
10991	GENERAL MEDICAL SERVICES TABLE (GMST) - Claimed in conjunction with each service	\$9.60						
74991	PATHOLOGY SERVICES TABLE (PST) - Claimed in conjunction with items in Group 9	\$9.60						
TABLE 1 - GROUP A1 HOME VISITS		TABLE 2 - GROUP A1 NURSING HOME VISITS						
No. of PATIENTS	LEVEL A	LEVEL B	LEVEL C	LEVEL D	LEVEL A	LEVEL B	LEVEL C	LEVEL D
	ITEM 4	ITEM 24	ITEM 37	ITEM 47	ITEM 20	ITEM 35	ITEM 43	ITEM 51
ONE	\$37.95	\$55.75	\$85.25	\$114.65	\$56.35	\$74.15	\$103.65	\$133.05
TWO	\$26.45	\$44.25	\$73.75	\$103.15	\$35.65	\$53.45	\$82.95	\$112.35
THREE	\$22.65	\$40.45	\$69.95	\$99.35	\$28.80	\$46.60	\$76.10	\$105.50
FOUR	\$20.75	\$38.55	\$68.05	\$97.45	\$25.35	\$43.15	\$72.65	\$102.05
FIVE	\$19.60	\$37.40	\$66.90	\$96.30	\$23.25	\$41.05	\$70.55	\$99.95
SIX	\$18.80	\$36.60	\$66.10	\$95.50	\$21.90	\$39.70	\$69.20	\$98.60
SEVEN +	\$16.70	\$34.50	\$64.00	\$93.40	\$18.00	\$35.80	\$65.30	\$94.70
AFTER HOURS HOME VISITS	GROUP A1 AFTER HOURS HOME VISITS Use items 5003, 5023, 5043 or 5063				GROUP A1 AFTER HOURS NURSING HOME VISITS. Use items 5010, 5028, 5049 or 5067			

A consultation can also be claimed with item numbers marked

* A consultation can also be claimed with items marked * if they are not for related conditions (to be noted on the claim)

❖ A consultation can also be claimed with items marked ❖ if not at the same time (times to be noted on the claim)

ATSI = Aboriginal &/or Torres Strait Islander

For normal consultations, Non Vocationally registered GPs should claim A2 items