

Western NSW PHN MBS Quick Reference Guide – July 2019

1. Routine and Other Consultations

Item	Description	Fee	Claiming Notes
A-3	Straightforward Consult	\$ 17.45	In all cases appropriate documentation in the clinical record to reflect time-based claim
B-23	Consult with 1 or more problems (less than 20 mins)	\$ 38.20	
C-36	Consult with 1 or more problems (over 20 mins)	\$ 73.95	
D-44	Consult with 1 or more problems (over 40 mins)	\$108.85	
11505	Spirometry	\$ 41.75	Permanently recorded tracing performed before and after inhalation of a bronchodilator for confirmation of diagnosis of asthma, COPD or other airflow limitation (once every 12 months) *
11506	Spirometry	\$ 20.90	Permanently recorded tracing performed before & after inhalation of a bronchodilator. (performed as required)
11700	ECG (12 lead)	\$ 31.75	12 lead ECG, tracing & report
73806	Pregnancy Test	\$ 10.15	test by 1 or more immunochemical methods
900	Home Medication Review (HMR)	\$157.30	Annually (unless significant changes to patients' condition or medication regime)
903	Residential Medication Management Review	\$107.70	For permanent residents of ACFs on admission then annually
16500	Antenatal care (routine attendance)	\$ 47.90	
10991	Bulk billing incentive	\$ 11.35	Service is provided to a person who is under the age of 16 or is a Commonwealth concession card holder

* For additional information– please refer to www.mbsonline.gov.au

2. Mental Health

Item	Description	Fee	Claiming Notes
2121	Mental Health and Wellbeing Telehealth consultation for patients in drought affected areas	\$44.90	Consult less than 20min . Patient must reside at least 15km from General Practitioner. *
2150	Mental Health and Wellbeing Telehealth consultation for patients in drought affected areas	\$86.95	Consult of at least 20 min . Patient must reside at least 15km from General Practitioner. *
2196	Mental Health and Wellbeing Telehealth consultation for patients in drought affected areas	\$128.05	Consult of at least 40 min . Patient must reside at least 15km from General Practitioner. *
2700	Preparation of GP Mental Health Treatment Plan by a GP who has NOT undertaken mental health skills training accredited by the General Practice Mental Health Standards Collaboration	\$72.85	Consult of at least 20 mins . Once in a twelve month period, with provision for exceptional circumstances*
2701	Preparation of GP Mental Health Treatment Plan by a GP who has NOT undertaken mental health skills training accredited by the General Practice Mental Health Standards Collaboration	\$107.25	Must be at least 40 mins duration . Once in a twelve month period, with provision for exceptional circumstances*
2715	Preparation of GP Mental Health Treatment Plan by a GP who HAS undertaken mental health skills training.	\$92.50	Consult of at least 20 mins . Once in a twelve month period, with provision for exceptional circumstances*
2717	Preparation of GP Mental Health Treatment Plan by a GP who HAS undertaken mental health skills training.	\$136.25	Must be at least 40 mins duration Once in a twelve month period, with provision for exceptional circumstances*
2712	GP Mental Health Treatment Plan Review	\$72.85	Not timed . Rebate not paid within 3 months of a 2712 or within 4 weeks following a claim for 2700,2701,2715, 2717.
2713	GP Mental Health Consultation	\$72.85	No restrictions apply. Must be at least 20 mins consult duration

* For additional information regarding exceptional circumstance definitions – please refer to www.mbsonline.gov.au

3. Telehealth

Item	Description	Rebate	Claiming Notes
2100	Level A – Brief	\$23.25	At consulting rooms (AMS or ACCHS)
2126	Level B – Standard	\$50.75	
2143	Level C – Long	\$98.40	
2195	Level D – Prolonged	\$144.80	
2122	Level A – Brief	\$23.25 + derived fee	Not in consulting rooms The fee for item plus \$26.35 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item plus \$2.05 per patient.
2137	Level B – Standard	\$50.75 + derived fee	
2147	Level C – Long	\$98.40 + derived fee	
2199	Level D – Prolonged	\$144.80 + derived fee	
2125	Level A	\$23.25 + derived fee	At RACF The fee for item plus \$47.45 divided by the number of patients seen, up to a maximum of six patients. For seven or more patients - the fee for item plus \$3.35 per patient.
2138	Level B	\$50.75 + derived fee	
2179	Level C	\$98.40 + derived fee	
2220	Level D	\$144.80 + derived fee	

4. Residential Aged Care Facility Visits

Item	Description	Fee	Claiming Notes
90001	Callout Fee	\$55.90	Flag fall service (can be claimed only once on each visit, not per patient) *
90020	Brief	\$17.45	Straight forward consult*
90035	Standard	\$38.20	Consult less than 20 min *
90043	Long	\$73.95	Consult of at least 20 min *
90051	Prolonged	\$108.85	Consult of at least 40 min *

* For additional information– please refer to www.mbsonline.gov.au

5. Services provided by a practice nurse/aboriginal health worker

Item	Description	Rebate	Claiming Notes
10983	Practice Nurse or an Aboriginal and Torres Strait Islander Health Practitioner. Telehealth attendance provided on behalf of a Medical Practitioner.	\$32.90	In a telehealth eligible area or at an eligible Aboriginal Medical Service or ACCHS.
10984	Practice Nurse or an Aboriginal and Torres Strait Islander Health Practitioner. Telehealth attendance provided on behalf of a Medical Practitioner.	\$32.90	At a Residential Aged Care Facility
10987	Follow up services to an Aboriginal person (post health check)	\$24.40	Max 10 services per patient in a calendar year
10997	Person with a chronic disease (on a GPMP)	\$12.20	Max 5 services per patient in a calendar year.
16400	Antenatal Service by a midwife, nurse or AHW	\$27.70	Max 10 services per pregnancy if: the service is provided on behalf of, and under the supervision of a medical practitioner and provided from a regional, rural or remote practice location RRMA 3-7
81300	AHW service to ATSI patient following a health assessment	\$62.2	Max 5 services per patient per calendar year

6. Chronic Disease Management

Item	Description	Rebate	Claiming Notes
721	GP Management Plan (GPMP)	\$ 146.55	A rebate will not be paid within twelve months of a previous claim for item 721, or within three months of a claim for items 729, 731 or 732 (for a review of a GPMP), except where there are exceptional circumstances that require the preparation of a new GPMP.
723	Team Care Arrangement (TCA)	\$ 116.15	A rebate will not be paid within twelve months of a previous claim for item 723, or within three months of a claim for item 732 (for a review of TCAs), except where there are exceptional circumstances that require the coordination of new TCAs
732	Review of GPMP or TCA	\$ 73.20	Each service to which item 732 applies may only be claimed once in a three-month period, except where there are exceptional circumstances that necessitate earlier performance of the service to the patient.

7. Health Assessments

Item	Description	Fee	Claiming Notes
699	Heart Health Assessment (20 mins)	\$ 86.95	Item will expire on 30 Jun 2021
701	Brief Health Assessment (less than 30 mins)	\$ 60.30	
703	Standard Health Assessment (30-45 mins)	\$ 140.10	
705	Long Health Assessment (45-60 mins)	\$ 193.35	
707	Prolonged health Assessment (more than 60 mins)	\$ 273.10	
715	Aboriginal or Torres Strait Islander Health Check	\$ 215.65	Not more than once in a 9 month period

- **Heart Health Assessment (MBS Item 699)**

Used to identify cardiovascular disease risk factors*

- **Brief Health Assessment (MBS Item 701)**

Used to undertake simple health assessments. The health assessment should take no more than 30 minutes to complete.

- **Standard Health Assessment (MBS Item 703)**

Used for straightforward assessments where the patient does not present with complex health issues but may require more attention than can be provided in a brief assessment. The assessment lasts more than 30 minutes but takes less than 45 minutes.

- **Long Health Assessment (MBS Item 705)**

Used for an extensive assessment, where the patient has a range of health issues that require more in-depth consideration, and longer-term strategies for managing the patient's health may be necessary. The assessment lasts at least 45 minutes but less than 60 minutes.

- **Prolonged Health Assessment (MBS Item 707)**

Used for a complex assessment of a patient with significant, long-term health needs that need to be managed through a comprehensive preventive health care plan? The assessment takes 60 minutes or more to complete.

* For additional information— please refer to www.mbsonline.gov.au

Target Group	Frequency of Service
A type 2 diabetes risk evaluation for people aged 40-49 years (inclusive) with a high risk of developing type 2 diabetes as determined by the Australian Type 2 Diabetes Risk Assessment Tool	Once every three years to an eligible patient
A health assessment for people aged 45-49 years (inclusive) who are at risk of developing chronic disease	Once only to an eligible patient
A health assessment for people aged 75 years and older	Provided annually to an eligible patient
A Comprehensive Medical Assessment for permanent residents of residential aged care facilities	May be claimed on admission to a RACF (if not previously claimed) and then annually to an eligible patient
A health assessment for people who have an intellectual disability	Provided annually to an eligible patient
A health assessment for refugees and other humanitarian entrants	Once only to an eligible patient
A health assessment for former serving members of the Australian Defence Force	Once only to an eligible patient