

## DESKTOP GUIDE TO ITEM NUMBERS

For a comprehensive explanation of each MBS Item number please refer to the Medicare Benefits Schedule online at [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)

Commonly Used Item Numbers			
Item	Name	\$	Description / Recommended Frequency
<b>3</b>	Level A	\$15.70	Brief - see MBS for complexity of care requirements
<b>23</b>	Level B	\$34.30	< 20 min - see MBS for complexity of care requirements
<b>36</b>	Level C	\$66.45	≥ 20 min - see MBS for complexity of care requirements
<b>44</b>	Level D	\$97.80	≥ 40 min - see MBS for complexity of care requirements
<b>10990</b>	Bulk Billing item	\$6.65	DVA, under 16's and Commonwealth Concession Card holders. Can be claimed concurrently for eligible patients.

Health Assessments			
Item	Name	\$	Description / Recommended Frequency
<b>701</b>	Brief Health Assessment	\$55.00	< 30 minutes - see MBS for complexity of care requirements
<b>703</b>	Standard Health Assessment	\$127.80	30 - 45 minutes - see MBS for complexity of care requirements
<b>705</b>	Long Health Assessment	\$176.30	45 - 60 minutes - see MBS for complexity of care requirements
<b>707</b>	Prolonged Health Assessment	\$249.10	> 60 minutes - see MBS for complexity of care requirements

Chronic Disease Management			
Item	Name	\$	Description / Recommended Frequency
<b>721</b>	GP Management Plan (GPMP)	\$133.65	Management plan for patients with a chronic or terminal condition. Not more than once yearly
<b>723</b>	Team Care Arrangement (TCA)	\$105.90	Management plan for patients with a chronic or terminal condition and complex needs requiring ongoing care from a team including the GP and at least 2 other health or care providers. Enables referral for 5 rebated allied health services. Not more than once yearly
<b>732</b>	Review of GP Management Plan and/or Team Care Arrangement	\$66.80	Recommended 6 monthly. Must be performed at least once over the life of the plan
<b>729</b>	GP Contribution to, or Review of, Multidisciplinary Care Plan	\$65.20	Contribution to, or review of, a multidisciplinary care plan prepared by another provider (e.g. community, home or allied health providers, specialists), for patients with a chronic or terminal condition and complex needs requiring ongoing care from a team including the GP and at least 2 other health or care providers. Not more than once every 3 months
<b>731</b>	GP Contribution to, or Review of, Multidisciplinary Care Plan prepared by RACF	\$65.20	GP contribution to, or review of, a multidisciplinary care plan prepared by RACF, at the request of the facility, for patients with a chronic or terminal condition and complex needs requiring ongoing care from a team including the GP and at least 2 other health or care providers. Not more than once every 3 months

### Medication Management and Cycles of Care

Item	Name	\$	Description / Recommended Frequency
900	Home Medicines Review (HMR)	\$143.40	Review of medications in collaboration with a pharmacist for patients at risk of medication related misadventure. Once every 12 months
903	Residential Medication Management Review (RMMR)	\$98.20	For permanent residents of Residential Aged Care Facilities who are at risk of medication related misadventure. Performed in collaboration with the resident's pharmacist. Once every 12 months
2521	Diabetes Annual Cycle of Care Level C + SIP	\$66.45 +\$40 = \$106.45	For accredited practices. Used in place of usual attendance item when completing Diabetes Annual Cycle of Care. Once every 11 - 13 months
2552	Asthma Cycle of Care Level C + SIP	\$66.45 + \$100 = \$166.45	For accredited practices. Used in place of usual attendance item when completing the Asthma Cycle of Care for patients with moderate to severe asthma. Not more than once yearly

### Practice Nurse Item Numbers

Item	Name	\$	Description / Recommended Frequency
10986	Health Assessment - Healthy Kids Check by Nurse	\$55.00	Once only health check for children who have received or are receiving the 4 year old immunisation
10987	Follow Up Health Services for Indigenous people	\$22.70	Follow up services for an Indigenous person who has received a Health Assessment, not an admitted patient of a hospital. Maximum of 10 services per patient, per calendar year
10993	Immunisation	\$11.35	Immunisation provided by Practice Nurse
10994	Pap Smear and Preventative Check	\$22.70	Nurse must be appropriately trained and qualified. See Services Provided by Practice Nurse Summary for details
10996	Wound Care	\$11.35	Nurse must be appropriately trained and qualified. See Services Provided by Practice Nurse Summary for details
10997	Chronic Disease Management	\$11.35	Monitoring and support for patients being managed under a GPMP or TCA. Not more than 5, per patient, per year

### Mental Health Item Numbers

Item	Name	\$	Description / Recommended Frequency
2702	GP Mental Health Treatment Plan	\$125.95	Prepared by GP who has <b>not</b> undertaken Mental Health Skills Training. Assessment of patient and preparation of a care plan with option to refer for rebated psychological services. Not more than once yearly
2710	GP Mental Health Treatment Plan	\$160.45	Prepared by GP who <b>has</b> undertaken Mental Health Skills Training. Assessment of patient and preparation of a care plan with option to refer for rebated psychological services. Not more than once yearly
2712	Review of GP Mental Health Treatment Plan	\$106.95	Plan should be reviewed after 1 - 6 months
2713	Mental Health Consultation	\$70.60	Consult ≥ 20 min, for the ongoing management of a patient with mental disorder. No restriction on the number of these consultations per year
2702/ 2710	Access To Allied Psychological Services (ATAPS)	\$125.95 / \$160.45	All GPs eligible to refer for 6 sessions + more if required. Complete and claim a GP Mental Health Treatment Plan (item 2702 / 2710) + ATAPS Referral Form