



Your guide to Medicare for Indigenous health services

medicare

Acknowledgement of Country and Traditional Owners

Services Australia acknowledges the Traditional Custodians of the lands we live on. We pay our respect to all Elders, past and present, of all Aboriginal and Torres Strait Islander nations.

Warning – Aboriginal and Torres Strait Islander peoples are warned that this product may contain images of deceased people.

Working together

Services Australia believes our work with businesses, community organisations, local service providers and other government agencies can improve outcomes and make a real difference to the lives of Aboriginal and Torres Strait Islander peoples.

Artist acknowledgement

The agency is grateful to the artists who've contributed works for use in this guide.

- **James Baban**— Indigenous Employment Story

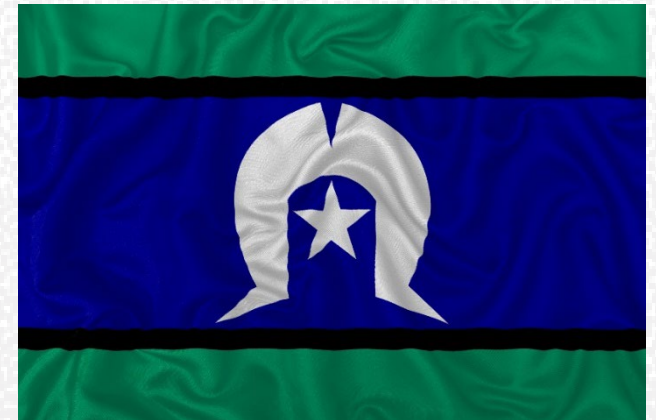


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Using this guide

Product disclaimer

Services Australia has put this guide together to give you basic information about Medicare Indigenous health services. When you use it, you'll need to:

- check if the information is relevant to the task you're doing
- check online for updates to this resource
- get full details and up-to-date information by using the online resources listed on the [Contacts](#) page of this guide
- get independent legal advice about relevant laws and guidelines.

While Services Australia makes every effort to make sure this guide is accurate, Services Australia accepts no responsibility for the accuracy and completeness of the information.

For all Medicare items in this guide, refer to full item descriptions at [MBS Online](#).

Geographic restrictions do not apply to any telehealth and telephone services in this guide, unless stated otherwise.

Guide navigation tips

You can navigate easily by selecting a topic on the Contents pages, when using the digital version. Throughout this guide, you can return to the Contents page by selecting on the arrow-icon on the bottom right corner.

Form references

Where Services Australia forms are mentioned in this guide, a form 'code' will be shown in brackets after the form name. You can use this code to search for the form on the Services Australia website.



Outreach Servicing Specialists

In keeping with a promise to deliver high quality service to all Australians, they work closely with health care providers in rural, remote and metropolitan areas to improve access to Medicare for Aboriginal and Torres Strait Islander related health services.

Services Australia has Medicare Engagement Officers (MEOs) across Australia who have culturally appropriate skills and expertise. MEOs communicate sensitively and work closely with communities, Aboriginal Medical Services (AMS) and other health service providers to:

- Promote Services Australia's digital platforms and Health Professional Education Resources.
- Provide education, training and support to AMS practice staff and Health Professionals.
- Focus on current health vulnerabilities associated with Aboriginal and Torres Strait Islander patients.
- Ensure Aboriginal and Torres Strait Islander patients continue to receive Pharmaceutical Benefit Scheme (PBS) medicines as part of the PBS – Closing the Gap (CTG) program.
- Raise awareness to the range of Medicare Benefit Schedule (MBS) items and services provided to Aboriginal and Torres Strait Islander customers, in particular the 715 (and associated services) Annual Aboriginal and Torres Strait Islander Peoples Health Assessment.
- Attend conferences and events to promote Medicare programs as well as maximising stakeholder engagement.



Family and domestic violence

Services Australia considers family and domestic violence to be unacceptable in any form.

The agency understands family and domestic violence is conduct that is violent, threatening, coercive, controlling or intended to cause a family or household member to be fearful. It can include (but is not limited to):

- abuse of older Australians
- physical violence
- sexual assault and other sexually abusive behaviour
- economic (financial) abuse, such as taking control of a person's money without permission
- emotional or psychological abuse, such as controlling behaviour or coercive control
- stalking, following or harassment
- kidnapping or deprivation of liberty
- neglect where there is a relationship of dependence, such as denying food or access to support
- causing or threatening damage to property
- causing injury or death to an animal
- causing or threatening injury to others
- verbal abuse, such as insults or degrading someone
- technology-facilitated abuse, such as constant texting or monitoring online activities
- spiritual or cultural abuse, such as denying access to cultural events and/or religious practices
- exposing a child to these behaviours.

Family and domestic violence occurs in many types of relationships, including past or current intimate relationships. Additionally, Services Australia acknowledges that it can also happen in relationships involving carers, relatives or guardians, kinship groups and other family groups recognised by various cultures and communities.

Services Australia recognises that the following groups and individuals may be particularly vulnerable to family and domestic violence, including, but not limited to:

- Aboriginal and Torres Strait Islander peoples
- children and young people
- people with a disability
- people experiencing financial hardship
- people living in rural, remote and regional areas
- people who identify as lesbian, gay, bisexual, transgender, intersex and others (LGBTI+)
- women at particular stages of life, such as young women, pregnant women, new mothers and women separating from their partners
- people who are pregnant or who have recently given birth
- refugees and newly arrived migrants.



If you or anyone you know is in immediate danger, they should call the Police on **000**.

Family and domestic violence - Support from a Social Worker

- Social Workers can help people access local services to support them if they're experiencing family and domestic violence.
- Services Australia has Social Workers who can help refer people to access specialist family and domestic violence services, emergency accommodation and housing. They can also link them to relevant services for legal advice and help.
- Services Australia's Social Workers treat all personal information as confidential. If a Social Worker refers a patient to an external organisation for help, they can only pass on information with the patient's consent. If they need an interpreter, the interpreter must treat their information as confidential.
- Social Workers are in many of Services Australia's service centres around Australia.
- Patients can find out [How to contact a Social Worker](#) on the Services Australia website.

Services Australia payments and services

If your patient is affected by family and domestic violence, Services Australia may be able to help.

- Tailored information and specialist referral options for patients experiencing family and domestic violence can be found on the [Family and domestic violence](#) page, on the Services Australia website. There is a quick exit button that will safely navigate the patient away from this page if required.
- There is information about payments and services including income support or crisis payments available in the [Payment and Service Finder](#) tool on the Services Australia Website.
- Your patient may be eligible for an [exemption from looking for](#) work or collecting child support.
- If your patient is leaving a relationship or living with violence or abuse, there are some things they can do to [keep their information safe](#).
- If your patient speaks a language other than English, Services Australia has translated information about family and domestic violence. Additionally, Services Australia has specific pages of information for patients that may be from Indigenous or Culturally and Linguistically Diverse communities.
- [Resources for community groups](#) can be found on the Services Australia website.
- Access translated information about the [Family and domestic violence](#) by selecting **Translate** on the right-hand side menu to choose your language.
- Your patient can also use Services Australia's multilingual phone service to speak to Services Australia about their concerns.
- Aboriginal and Torres Strait Islander Australians can also call the Centrelink Indigenous Call Centre on **1800 136 380** (Monday to Friday 8:30 am to 5 pm) and ask to speak to a Social Worker.

eLearning

Further information can be found in the family and domestic violence eLearning module available from [Health Professional Education Resources](#) website.



Health Professional Online Services (HPOS)

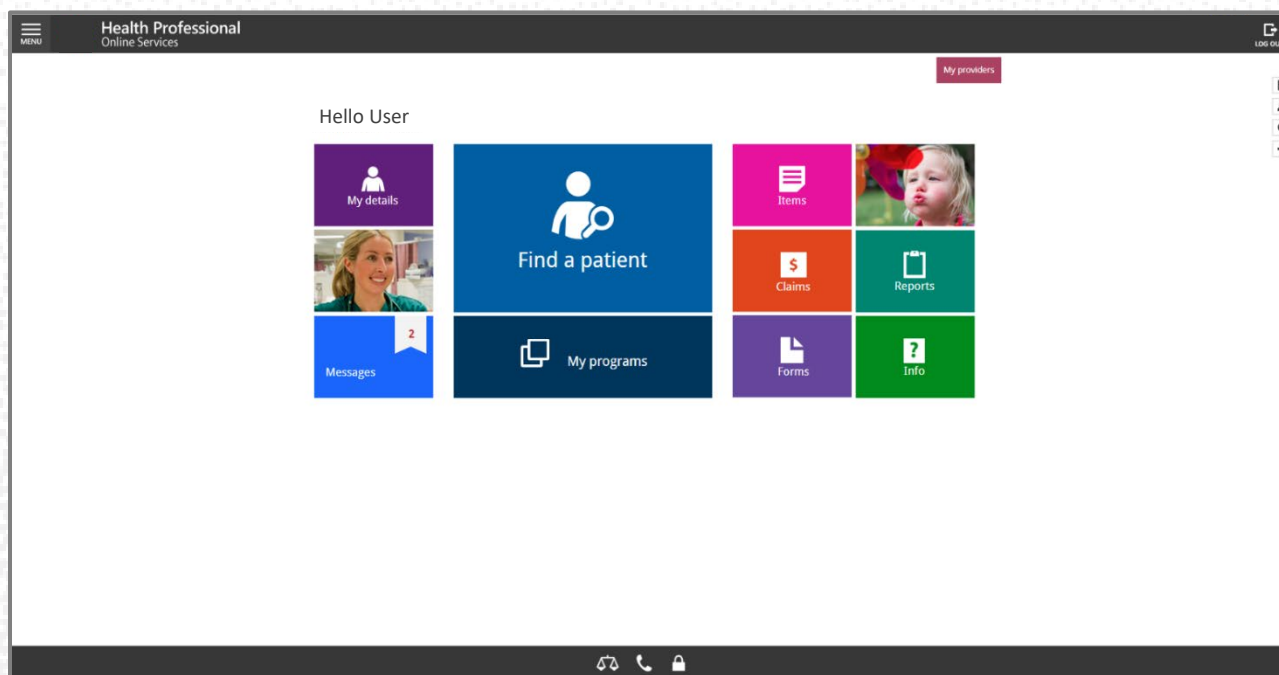
HPOS is a simple and secure way for providers or organisations to do business with us online.

HPOS gives providers and their delegates access to a range of services, payments and programs that are relevant to their patients and organisations.

For a full list of HPOS services and programs, refer to the Services Australia website pages:

[How to use HPOS features](#)

[How to set up HPOS access](#)



To learn more about how to use HPOS features and functions refer to the [HPOS tile](#) Health Professional Education Resources website.

Practice Incentives Program (PIP)

The PIP encourages general practices to continue providing quality care, enhance capacity, and improving access and health outcomes for patients.

There are a number of individual PIP incentives. They include:

- After-hours Incentive
- eHealth Incentive
- Quality Improvement Incentive
- Indigenous Health Incentive
- Teaching Payment
- Procedural General Practitioner Payment
- Rural Loading.

The types of payments made under the PIP include:

- Practice payments – paid quarterly in February, May, August and November each year.

Find out more including how to apply on the [Services Australia PIP](#) website or call **1800 222 032** 8:30 am to 5 pm Monday to Friday, Australian Central Standard Time.



Select the icon for the View and confirm your PIP Annual Confirmation Statement (ACS) in HPOS infographic.

To learn more about the **Incentive Programs – PIP** including an overview of PIP, go to the [Health Professional Education Resources](#) website.



Practice Incentives Program (PIP) Indigenous Health Incentive (IHI)

The PIP IHI supports general practices and Indigenous health services to provide better health care for their Aboriginal and Torres Strait Islander patients. This includes best practice management of chronic disease and mental disorders.

To be eligible for the PIP IHI, practices must be approved for the PIP and meet the sign-on requirements.

Patient registration

Practices can register patients for the PIP IHI. Where the patient is an Aboriginal or Torres Strait Islander person or both and the person:

- has a chronic disease or a mental disorder
- has had or been offered a health assessment for Aboriginal and Torres Strait Islander people using MBS item 228 or 715, or telehealth items 92004 and 92011 which can be provided every 9 months. Residential Aged Care patients can be offered MBS items 701, 703, 705 and 707.
- has a current Medicare card
- has nominated the practice as their 'usual care provider'.

Use HPOS to register patients online.

The patient, General Practitioner and authorised contact for the practice must complete the Indigenous Health Incentive patient registration and consent form (IP017), on the [Services Australia PIP](#) website. By completing this form, the patient consents that the practice will be their 'usual care provider' and oversee their chronic disease management.

The usual care provider for the purpose of the PIP IHI means the practice that has given the patient most of the care over the last 12 months and/or will provide most of the care to the patient over the next 12 months.

All new patient registrations, processed from 1 November 2024, will be given a lifetime registration in the IHI.

These patients will remain registered until:

- they withdraw from the program
- they turn 16 and have not provided their own consent to remain registered (only applicable for patients that were under 15 years of age when they registered with a parents consent).



Practice Incentives Program (PIP) Indigenous Health Incentive (IHI) (continued)

Practices may be eligible for an outcome payment for the patients that have registered for the PIP IHI. There are 2 tiers of outcome payments available for each registered patient.

Outcome payments are:

- Based on MBS services provided to registered patients within a 12 month assessment period.
- Only made to PIP approved practices that are registered for PIP IHI.

Tier 1 and 2 outcome payments are assessed over a 12-month assessment period. Each assessment period starts from the date the first eligible MBS service is provided to a registered patient and ends 12 months later.

To find out if your practice is eligible, refer to the PIP Indigenous Health Incentive Guidelines, on the [Services Australia PIP](#) website or **1800 222 032**, 8:30 am to 5 pm Monday to Friday, Australian Central Standard Time.

To learn more about the **Incentive Programs – PIP IHI** go to the [Health Professional Education Resources](#) website.



Workforce Incentive Program (WIP) - Practice Stream

The WIP - Practice Stream provides financial incentives to general practices to help with the costs of engaging Nurses, Midwives, Aboriginal and Torres Strait Islander Health Workers and other health professionals.

The WIP - Practice Stream provides practices with more flexibility to respond to local community needs and gaps in services. This includes helping practices to meet the increasingly complex health needs of older people and people living with chronic and complex conditions. It is designed to complement and strengthen existing services, not replace or duplicate them.

Find out more including how to apply on the [Services Australia WIP, Practice Stream](#) website or **1800 222 032**, 8:30 am to 5 pm Monday to Friday, Australian Central Standard Time.

To learn more about the **Incentive Programs – WIP**, go to the [Health Professional Education Resources](#) website.



Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) prescriptions

The CTG PBS Co-payment Program improves access to PBS medicines for eligible Aboriginal and Torres Strait Islander peoples of any age. CTG PBS prescriptions attract a lower or nil patient co-payment for PBS medicines.

Eligible patients

Eligible Aboriginal and Torres Strait Islander people can be registered for the program no matter where they live within Australia and regardless of their chronic disease status.

The registering health professional must be of the view that the patient would experience setbacks in the prevention or ongoing management of their condition/s if the patient did not take the prescribed medicine and that the patient would be unlikely to adhere to their medicines regimen without assistance through the program.

Patient registration

To register patients for the CTG PBS Co-payment Program, they must self-identify as an Aboriginal or Torres Strait Islander Australian.

Prescription annotation

Annotation of a PBS prescription will help community Pharmacists, when dispensing the medicines, know that the patient is registered for the program.

Eligible prescribers

A PBS prescriber is eligible to write a CTG PBS prescription.

Any PBS prescriber or Australian Health Practitioner Regulation Agency (Ahpra) registered Aboriginal and Torres Strait Islander Health Practitioner registered with Medicare as a provider can register eligible Aboriginal and Torres Strait Islander people for the program via HPOS if they are not already registered.



Online PBS Authorities System

The PBS Authorities service in HPOS allows approved prescribers to request and receive an immediate authority assessment result for most PBS items. This includes increased quantity and repeats where allowed. It excludes some written Authority Required items.

Find out more including requesting a PBS Authority on the [Services Australia PBS Authority](#) website.



Select the icon for the How to request PBS Authority approval for most PBS items simulation.

Use the PBS Authorities service in HPOS to:

- request a new PBS Authority to prescribe an authority item
- save a partially completed authority application and resume the application later
- cancel or change a request you submitted for PBS Authority approval, not already dispensed, within one year of being prescribed
- enquire about any of your approved, cancelled or rejected PBS Authority approvals within 2 years of being prescribed.

When you can't use the PBS Authorities service in HPOS

There are some written Authority Required items that you can't request through the PBS Authorities service in HPOS. These can be submitted via HPOS Secure Form Upload. Find out more including how to upload PBS written authority documents through the form upload function in HPOS on the [Services Australia HPOS](#) website.

Find a patient

This function lets you search and confirm a patient's Medicare number and concessional eligibility.

How to use the Find a patient function in HPOS:

1. refer to [HPOS page](#) on the Services Australia website and log on to **HPOS** using your PRODA account
2. select **Find a patient**
3. select the **Find a patient service** you want to use
4. enter the **required patient details** (this will depend on the service you're using)
5. select **Search** to perform the check.

The search results will confirm or provide you with the patient's correct Medicare information or concessional eligibility.



MBS items online checker

This function lets you determine patient, and your own eligibility to claim Medicare benefits for a number of MBS items. Make sure you have the patient's consent before doing any checks.

How to use the MBS Items Online Checker function in HPOS:

1. Refer to [HPOS page](#) on the Services Australia website and log on to **HPOS** using your PRODA account.
2. Select **MBS Items Online Checker**.
3. Enter the **patient's Medicare details**.
4. Select the **provider details**. There are two drop-down boxes. In the first, select the **provider stem**. In the second, select the **location** and check digit.
5. Select the **MBS item** you wish to check.
6. Select **Search** to perform the check.

The search results will show you patient eligibility for any of the items you selected.

Make sure you have the right provider number. It's important to use the correct provider number as some MBS items have restrictions that relate to the provider number.



Select the icon for the MBS items online checker infographic.

Australian Immunisation Register (AIR)

The Australian Immunisation Register (AIR) is a national register that records vaccines given to all people in Australia, including:

- National Immunisation Programs (NIP) vaccines
- vaccines given in state/territory school immunisation programs
- influenza vaccines
- COVID-19 vaccines
- vaccines given overseas approved for use in Australia.

The AIR data is used to:

- monitor vaccination coverage across Australia and the effectiveness of vaccines and vaccination programs
- identify parts of Australia at risk during disease outbreaks
- inform immunisation policy and research
- determine an individual's eligibility for some family assistance payments.

National Immunisation Program (NIP) schedule

The NIP schedule is a series of immunisations given from birth through to adulthood. The NIP schedule lists vaccines available and when they are to be given. Vaccines listed on the NIP schedule are free. Medical Practitioners and some other vaccination providers receive payments for each completed immunisation schedule and catch-up schedule under the NIP, for children up to 7 years of age.

For a full list of NIP schedule for all Aboriginal and Torres Strait Islander people, refer to [National Immunisation Program schedule](#)

For more information refer to [Immisation for Aboriginal and Torres Strait Islander people](#)



Australian Immunisation Register (AIR) – continued

Mandatory Reporting

The [Australian Immunisation Register Act 2015](#) prescribes mandatory reporting of relevant vaccines administered in Australia, as defined in the AIR Rule 2015, by vaccination providers to the AIR. These include:

- COVID-19 vaccines given on or after 20 February 2021
- Influenza vaccines given on or after 1 March 2021
- National Immunisation Program (NIP) vaccines from 1 July 2021
- Japanese encephalitis virus (JEV) given on or after 21 December 2022.

It's important to record vaccine information within 24 hours (if practical) otherwise within 10 business days of administering a vaccine.

Reporting these vaccinations to the AIR means that the register contains a complete and reliable dataset and is able to monitor immunisation coverage and administration. It also means that individuals have a complete record of their vaccinations.

As a delegate for a Medical Practitioner in HPOS, you can perform some administrative tasks in the AIR site on their behalf.

To learn more about how to use the AIR site or for assistance in setting up your access to the AIR site, go to the [Health Professional Education Resources](#) website.

Did you know?

Did you know that you can update vaccination data where incorrect details were previously submitted, if you submitted the immunisation information to the AIR?

If an encounter contains errors and has been submitted by another provider, please message the AIR Helpdesk using [HPOS messages](#), or call **1800 653 809**, Monday to Friday, 8 am to 5 pm local time.

Note: You can't update vaccination data if a payment has already been made.



Select the icon for the Australian Immunisation Register (AIR) infographic.

Individual Healthcare Identifiers (IHI)

The Healthcare Identifiers Service is a national system for identifying individuals, healthcare providers and healthcare organisations. The service is the foundation service for digital health in Australia, including the My Health Record system. The service assigns an Individual Healthcare Identifier (IHI) to individuals when they are enrolled in Medicare and ensures health systems associate information with the right patient at the point of care. Read more about [Individual Healthcare Identifiers](#)

My Health Record

The My Health Record system enables the secure sharing of health information between an individual's healthcare providers, while enabling the individual to view and control who can access their record. Read more about [My Health Record](#) on the Australian Digital Health Agency website.



Vocationally Recognised (VR) and Non-Vocationally Recognised (Non-VR) items

VR attendances

VR doctors are:

- Fellows of the Royal Australian College of General Practitioners (RACGP) with specialist Ahpra registration as a GP
- Fellows of the Australian College of Rural and Remote Medicine with specialist Ahpra registration as a GP, or doctors on the Vocational Register of General Practitioners prior to 16 June 2021.

VR doctors must meet all requirements in the continuing medical education and quality assurance programs for general practice.

Non-VR attendances

Recent changes to the MBS:

- recognise and reward expertise and investment in specialist doctor qualifications
- encourage more doctors to work in regional, rural and remote areas.

There are MBS items within Group A7-Acupuncture and non-Specialist Practitioner items. Non-VR doctors can get 80 per cent of the VR schedule fee for these items.

Category/location	Changes
Participant on the Other Medical Practitioner Extension Program (OMPEP)	<ul style="list-style-type: none"> • can continue to access current higher rebate items at registered locations • have until 30 June 2025 to obtain fellowship • can access A7 items where necessary.
Participant on the MedicarePlus for Other Medical Practitioners Program (MOMPs)	<ul style="list-style-type: none"> • can continue to access current higher rebate items at registered locations • have until 31 December 2023 to obtain fellowship • can access A7 items where necessary.

For other Non-VR GPs, that aren't participating in the OMPEP or MOMPs programs, eligibility to bill the A7 items depends on where they are practising.

Category/location	Changes
Metropolitan areas Modified Monash Model area 1 (MMM 1)	<ul style="list-style-type: none"> • can continue to use A2 items for standard GP services • can use the relevant subgroups under A7 for all other services.
Other areas Modified Monash Model areas 2 – 7 (MMM 2 -7)	<ul style="list-style-type: none"> • can access all of the items under A7. <p>Note: some items e.g. Mental Health items have further eligibility requirements</p>

The fee structure and access for Non-VR attendances is outlined briefly below. Refer to [MBS Online](#) for full details about these services.



Modified Monash Model (MMM) for metropolitan, regional, rural and remote areas

The MMM is a system that classes metropolitan, regional, rural and remote areas by town size and remoteness. The system recognises the challenges in getting health workers to remote and smaller communities. Check your MMM location using the [Health Workforce Locator](#)

How VR and Non-VR items are listed in this Guide

A service with multiple items (rural or remote areas) will look like this:

Face-to-Face Item	Telehealth Item	Description
715 (Group A14) 228 (Subgroup A7.5)	92004 (Group A40) 92011 (Group A40)	Health assessment of a patient who is of Aboriginal and Torres Strait Islander descent—maximum of one service in a 9 month period

GP attendances in consulting rooms Non-VR items

A service with multiple items (other areas) will look like this:

Description	Face-to-Face Item MMM 1 locations	Telehealth Item MMM 1 locations	Face-to-Face Item MMM 2-7 locations	Telehealth Item MMM 2-7 locations
5 minutes or less	52 (Group A2)	91792 (Group A40)	179 (Subgroup A7.2)	91794 (Group A40)
6 – 25 minutes	53 (Group A2)	91803 (Group A40)	185 (Subgroup A7.2)	91806 (Group A40)
26 – 45 minutes	54 (Group A2)	91804 (Group A40)	189 (Subgroup A7.2)	91807 (Group A40)
46 minutes or more	57 (Group A2)	91805 (Group A40)	203 (Subgroup A7.2)	91808 (Group A40)

GP attendance levels for VR items - A, B, C and D

Attendance levels in the MBS:

Level	Time Requirement	Patient history detail	Other tasks – where clinically relevant
A	Nil	Short	Limited examination and management
B	Less than 20 minutes	Standard	<ul style="list-style-type: none"> clinical examination arranging any necessary investigations setting up a management plan providing appropriate preventive health care.
C	At least 20 minutes	Detailed	
D	At least 40 minutes	Extensive	

Refer to page 19 for [VR and Non-VR](#) items.



Indigenous-specific MBS services

Face-to-Face Item	Telehealth Item	Telephone Item	Description
715 (Group A14) 228 (Subgroup A7.5)	92004 (Group A40) 92011 (Group A40)	N/A N/A	Health assessment of a patient who is of Aboriginal and Torres Strait Islander descent. Maximum of one service in a 9 month period
10987	93200	93202	Follow up service for an Indigenous person who has received a health assessment (item 228 or 715), done by a practice Nurse or Aboriginal and Torres Strait Islander Health Practitioner
12325	N/A	N/A	Diabetic retinopathy assessment
73839	N/A	N/A	Blood test (glycated haemoglobin) for the diagnosis of diabetes in high risk, but asymptomatic patients. One test in 12 months
73840	N/A	N/A	Blood test (glycosylated haemoglobin) for the management of established diabetes. Maximum of 4 tests in 12 months
73844	N/A	N/A	Urinary ACR (albumin/creatinine ratio) in the management of established diabetes or patients at risk of microalbuminuria. Determined on a random spot collection urine sample

Pathology items 73839, 73840 and 73844

These items are only for practices and health professionals who are certified as competent by the Quality Assurance for Aboriginal and Torres Strait Islander Medical Services (QAAMS) Program. Doctors need to apply in writing to the [Medicare Provider Registration](#) team, asking for access to these items.

For more information, refer to page 23 for [Pathology services within the practice – QAAMS pathology program](#) in this guide.



Indigenous-specific MBS services – Follow-up allied health services identified in a health assessment, Chronic Disease Management (CDM) or Multidisciplinary Care Plan

Face-to-Face Item	Telehealth Item	Telephone Item	Type of Service
81300	93048	93061	Aboriginal and Torres Strait Islander health service
81305	93048	93061	Diabetes education
81310	93048	93061	Audiology
81315	93048	93061	Exercise Physiology
81320	93048	93061	Dietitian
81325	93048	93061	Mental health
81330	93048	93061	Occupational Therapy
81335	93048	93061	Physiotherapy
81340	93048	93061	Podiatry
81345	93048	93061	Chiropractic
81350	93048	93061	Osteopathy
81355	93048	93061	Psychology
81360	93048	93061	Speech pathology

The patient can receive up to 10 services under these items in a calendar year, 1 January to 31 December.

These items can be claimed with the individual allied health services, MBS items range 10950 - 10970, (excluding items 10955, 10957 and 10959) 93000 and 93013, but count towards the limit of 10 per calendar year.

Refer to [MBS Online](#) for rules and referral details for these services.



Pathology services within the practice – QAAMS pathology program

The Quality Assurance in Aboriginal and Torres Strait Islander Medical Services (QAAMS) pathology program provides Medicare benefits for diabetes diagnosis and monitoring tests at Aboriginal and Torres Strait Islander primary health care sites.

Item	Description
73839	Blood test (glycated haemoglobin) for the diagnosis of diabetes in high risk, but asymptomatic patients. One test in 12 months.
73840	Blood test (glycosylated haemoglobin) for the management of established diabetes. Maximum of 4 tests in 12 months.
73844	Urinary ACR (albumin/creatinine ratio) in the management of established diabetes or patients at risk of microalbuminuria. Determined on a random spot collection urine sample.

Practices need to enrol in the QAAMS program and register for each location to access to these services.

For more information on QAAMS requirements, refer to QAAMS.org.au



Health assessments

A health assessment involves:

- checking a patient’s health and physical, psychological and social functions
- deciding if preventive health care and education should be offered to the patient to improve their health and wellbeing.

Items 228, 715, 92004, 92011 are available for people of all ages of Aboriginal or Torres Strait Islander descent.

Face-to-Face Item	Telehealth Item	Description
715 (Group A14) 228 (Subgroup A7.5)	92004 (Group A40) 92011 (Group A40)	Health assessment of a patient who is of Aboriginal and Torres Strait Islander descent— maximum of one service in a 9 month period

Items 228, 715, 92004, 92011:

- can only be paid once every 9 months
- shouldn’t be claimed with any general attendance item (for example item 23) unless the patient has an acute problem that needs to be managed separately from the health assessment
- should be performed by the patient’s ‘usual doctor’. This is the doctor (or another doctor in the same practice) who provided most of the primary care to the patient over the last 12 months or will be providing most of the primary care to the patient over the next 12 months.

You can check patient eligibility for this service using HPOS.

For more information refer to page 15 [MBS Items Online Checker](#) in this guide.



Health assessments – assisting the GP

Practice Nurses, Aboriginal Health Workers or Aboriginal and Torres Strait Islander Health Practitioners may help with the health assessment as long as it's accepted medical practice and under supervision of the GP. They may help with:

- collecting information
- giving patients information about recommended interventions at the direction of the GP.

The GP should be comfortable the assisting health professional has the necessary skills, expertise and training to help with the health assessment.

Access to other MBS services

- Patients who have had item 228, 715, 92004, 92011 may also be eligible for the following MBS services:
- follow-up allied health services (items 81300 - 81360, 93048, 93061)
- follow-up service by a practice Nurse or Aboriginal and Torres Strait Islander Health Practitioner (item 10987, 93200, 93202).

Refer to [MBS Online](#) for rules and referral details for these services.

Chronic Disease Management (CDM) items

These items help GPs plan and coordinate the health care of patients with chronic or terminal medical conditions.

Face-to-Face Item	Telehealth Item	Description
721 (Group A15) 229 (Subgroup A7.6)	92024 (Group A40) 92055 (Group A40)	GP Management Plan (GPMP)
723 (Group A15) 230 (Subgroup A7.6)	92025 (Group A40) 92056 (Group A40)	Team Care Arrangements (TCAs)
732 (Group A15) 233 (Subgroup A7.6)	92028 (Group A40) 92059 (Group A40)	Review of a GPMP or TCAs
729 (Group A15) 231 (Subgroup A7.6)	92026 (Group A40) 92057 (Group A40)	Multidisciplinary Care Plan not in a residential aged care facility
731 (Group A15) 232 (Subgroup A7.6)	92027 (Group A40) 92058 (Group A40)	Multidisciplinary Care Plan in a residential aged care facility

Important

- Preparation of GPMPs, coordination of TCAs for CDM and Better Access/Eating Disorders are limited to one service each in 12 months. Review of GPMPs and TCAs are limited to one service in 3 months. CDM services may be provided more frequently in exceptional circumstances. Where reviews of TCAs (up to 2) and a GPMP occurs on the same day, claims should note they were done at different times/the review types.
- Multidisciplinary Care Plans are limited to one service in 3 months.
- The same GP can't claim a general attendance item (for example item 23) on the same day as claiming these items.
- These items should be done by the patient's usual doctor (or another doctor in the same practice) who has provided most of the patient's primary care in the last 12 months or will be providing most of the primary care over the next 12 months.

You can check patient eligibility for these items using HPOS. For more information refer to page 15 [MBS Items Online Checker](#) in this guide.



CDM items – assisting the GP

Practice Nurses, Aboriginal Health Workers or Aboriginal and Torres Strait Islander Health Practitioners may help with CDM services as long as it's accepted medical practice and under the supervision of the GP. This can include help with:

- patient assessment
- identification of patient needs
- making arrangements for services.

The GP should review and confirm all assessments undertaken on their behalf and be comfortable the assisting health worker has the right skills, expertise and training.

Access to other MBS services

Patients who are managed under a shared care plan, GPMP and TCAs or a Multidisciplinary Care Plan arrangement can be referred for the following MBS services:

- allied health individual services (items 10950 - 10970, excluding items 10955, 10957 and 10959)
- follow-up health services (items 81300 – 81360, 93048 and 93061)
- group allied health services (items 81100 - 81125)
- services by a practice Nurse or an Aboriginal and Torres Strait Islander Health Practitioner for ongoing support and monitoring for patients with chronic diseases (item 10997).

Refer to [MBS Online](#) for rules and referral details for these services.



Individual allied health services – MBS items 10950 – 10970, (excluding items 10955, 10957 and 10959) 93000 and 93013

These services are for patients with chronic conditions and complex care needs who are managed under a shared care plan, GPMP and TCAs or a Multidisciplinary Care Plan arrangement.

Face-to-Face Item	Telehealth Item	Telephone Item	Description
10950	93000	93013	Aboriginal and Torres Strait Islander health service
10951	93000	93013	Diabetes education
10952	93000	93013	Audiology
10953	93000	93013	Exercise Physiology
10954	93000	93013	Dietitian
10956	93000	93013	Mental health
10958	93000	93013	Occupational Therapy
10960	93000	93013	Physiotherapy
10962	93000	93013	Podiatry
10964	93000	93013	Chiropractic
10966	93000	93013	Osteopathy
10968	93000	93013	Psychology
10970	93000	93013	Speech pathology

Up to 5 services are payable in a calendar year. Refer to [MBS Online](#) for rules and referral details for these services.

You can check patient eligibility for these services by using HPOS. For more information refer to page 15 [MBS Items Online Checker](#) in this guide.



GP mental health services

Consultation

Face-to-Face Item	Telehealth Item	Telephone Item	Description
2713 (Group A20) 279 (Subgroup A7.9)	92115 (Group A40) 92121 (Group A40)	92127 (Group A40) 92133 (Group A40)	GP mental health consultation (20 minutes or more)

Treatment plans

Choosing the right GP mental health treatment plan item depends on whether the GP has done recognised mental health skills training. The exception to this is the review items, which can be done by all GPs.

Face-to-Face Item	Telehealth Item	Telephone Item	Description	GP has recognised mental health skills training
2715 (Group A20) 281 (Subgroup A7.9)	92116 (Group A40) 92122 (Group A40)	N/A	GP mental health treatment plan (20-39 minutes)	Yes
2700 (Group A20) 272 (Subgroup A7.9)	92112 (Group A40) 92118 (Group A40)	N/A	GP mental health treatment plan (20-39 minutes)	No
2717 (Group A20) 282 (Subgroup A7.9)	92117 (Group A40) 92123 (Group A40)	N/A	GP mental health treatment plan (40 minutes or more)	Yes
2701 (Group A20) 276 (Subgroup A7.9)	92113 (Group A40) 92119 (Group A40)	N/A	GP mental health treatment plan (40 minutes or more)	No
2712 (Group A20) 277 (Subgroup A7.9)	92114 (Group A40) 92120 (Group A40)	92126 (Group A40) 92132 (Group A40)	Review of GP mental health treatment plan or of Psychiatrist Assessment Management Plan (40 minutes or more)	N/A

These items are for early intervention, assessment and management of patients with mental health disorders.



Mental health services – access to other MBS services

Eligible patients who are managed under a mental health treatment plan or assessment and management plan may get the following MBS services:

- individual psychological assessment and therapy
- individual focussed psychological strategies
- group services
- family and carer services.

Family and carer mental health services

Family members or carers may be eligible for mental health services. A treating GP, Non-VR MP or allied health professional can provide services to a person other than the patient.

To access Better Access services for family and carers:

- the patient has been referred for Better Access services (for allied health professionals delivering these services)
- the treating or referring professional determines it is clinically appropriate
- the patient consents for the service to be provided to the person as part of their treatment
- the service is part of the patient's treatment
- the patient is not in attendance
- the services count towards the 10 individual mental health services for the patient
- there is a limit of 2 services in a calendar year for a nominated family member or carer. This can be the same person, or 2 different people
- claims must use the patient's Medicare details, not the family member or carer.

Refer to Medicare item numbers on [pages 31 to 33](#) in this guide. Refer to [MBS Online](#) for rules and referral details for these services.

Allied mental health services

Individual and group therapy services and family and carer services are for patients who are managed under certain mental health items.

A maximum of 10 individual, 10 group and 2 family and carer services are payable per calendar year.

All family and carer services count towards the maximum 10 individual mental health services for the patient.

Referral for up to 6 individual and/or group services may be made at any one time.

Clinical Psychologist services

Individual services – Psychological assessment and therapy				
Face-to-Face Item at consulting rooms	Face-to-Face Item other than at consulting rooms	Telehealth Item	Telephone Item	Description
80000	80005	91166	91181	30 to 49 minutes
80010	80015	91167	91182	50 minutes or more
Psychological therapy health services – Family or carer				
Face-to-Face Item at consulting rooms	Face-to-Face Item other than at consulting rooms	Telehealth Item	Telephone Item	Description
80002	80006	91168	91198	30 to 49 minutes
80012	80016	91171	91199	50 minutes or more
Group services, Psychological therapy				
Face-to-Face Item	Telehealth Item geographic restrictions apply	Description		
80020	80021	60 minutes or more with a group of 4 to 10 patients		
80022	80023	90 minutes or more with a group of 4 to 10 patients		
80024	80025	120 minutes or more with a group of 4 to 10 patients		

Refer to [MBS Online](#) for additional details for these services.



Allied mental health services – Psychologist, Occupational Therapist and Social Worker services

Individual services – Focussed psychological strategies				
Face-to-Face Item at consulting rooms	Face-to-Face Item other than at consulting rooms	Telehealth Item	Telephone Item	Description
Psychologists				
80100	80105	91169	91183	20 to 49 minutes
80110	80115	91170	91184	50 minutes or more
Occupational Therapists				
80125	80130	91172	91185	20 to 49 minutes
80135	80140	91173	91186	50 minutes or more
Social Workers				
80150	80155	91175	91187	20 to 49 minutes
80160	80165	91176	91188	50 minutes or more

Refer to [MBS Online](#) for additional details for these services.



Allied mental health services – Psychologist, Occupational Therapist and Social Worker services (continued)

Psychological therapy health services – Family or carer				
Face-to-Face Item at consulting rooms	Face-to-Face Item other than at consulting rooms	Telehealth Item	Telephone Item	Description
Psychologists				
80102	80106	91174	91200	20 to 49 minutes
80112	80116	91177	91201	50 minutes or more
Occupational Therapists				
80129	80131	91194	91202	20 to 49 minutes
80137	80141	91195	91203	50 minutes or more
Social Workers				
80154	80156	91196	91204	20 to 49 minutes
80162	80166	91197	91205	50 minutes or more

Some GPs may also provide individual focussed psychological strategies services and family and carer services. These items count towards the calendar year maximum of:

- 10 individual services
- 2 family and carer services.

All family and carer services count towards the maximum 10 individual mental health services for the patient.

Refer to [MBS Online](#) for additional details for these services.



Allied mental health services – Psychologist, occupational therapist and Social Worker services (continued)

Group services – Focussed psychological strategies		
Face-to-Face Item	Telehealth Item geographic restrictions apply	Description
Psychologists		
80120	80121	60 minutes or more with a group of 4 to 10 patients
80122	80123	90 minutes or more with a group of 4 to 10 patients
80127	80128	120 minutes or more with a group of 4 to 10 patients
Occupational Therapists		
80145	80146	60 minutes or more with a group of 4 to 10 patients
80147	80148	90 minutes or more with a group of 4 to 10 patients
80152	80153	120 minutes or more with a group of 4 to 10 patients
Social Workers		
80170	80171	60 minutes or more with a group of 4 to 10 patients
80172	80173	90 minutes or more with a group of 4 to 10 patients
80174	80175	120 minutes or more with a group of 4 to 10 patients

Refer to [MBS Online](#) for rules and referral details for allied health services.



Allied mental health services – Psychologist, Occupational Therapist and Social Worker services (continued)

GP Individual – Focused psychological strategies				
Face-to-Face Item at consulting rooms	Face-to-Face Item other than at consulting rooms	Telehealth Item	Telephone Item	Description
2721 (Group A20) 283 (Group A7)	2723 (Group A20) 285 (Group A7)	91818 (Group A40) 91820 (Group A40)	91842 (Group A40) 91844 (Group A40)	Treatment lasting 30 to 39 minutes
2725 (Group A20) 286 (Group A7)	2727 (Group A20) 287 (Group A7)	91819 (Group A40) 91821 (Group A40)	91843 (Group A40) 91845 (Group A40)	Treatment lasting 40 minutes or more

Group focussed psychological strategies – Family or carer				
Face-to-Face Item at consulting rooms	Face-to-Face Item other than at consulting rooms	Telehealth Item	Telephone Item	Description
2739 (Group A20) 309 (Group A7)	2741 (Group A20) 311 (Group A7)	91859 (Group A40) 91862 (Group A40)	91864 (Group A40) 91866 (Group A40)	Treatment lasting 30 to 39 minutes
2743 (Group A20) 313 (Group A7)	2745 (Group A20) 315 (Group A7)	91861 (Group A40) 91863 (Group A40)	91865 (Group A40) 91867 (Group A40)	Treatment lasting 40 minutes or more

Refer to [MBS Online](#) for rules and referral details for allied mental health services.



Mental health case conferences (MHCC)

Patients are eligible for MHCC if they are being managed under a plan for either:

- Better Access for mental health
- eating disorder treatment and management.

You must consult with a multidisciplinary team for MHCC. The minimum team size is 3:

- one to organise and coordinate
- at least 2 other participants.

Refer to the table below for who can collaborate in the MHCC.

Group	Health professionals eligible for mental health case conference team
Medical Practitioners	<ul style="list-style-type: none"> • The patient's usual General Practitioner • Consultant Physicians in the practice of their specialty of Psychiatry or Paediatrics
Allied health professionals	<ul style="list-style-type: none"> • Dieticians • Occupational Therapists • Psychologists • Clinical Psychologist • Social Workers

The table shows the MBS items for MHCC.

Health Professional	Attend, organise and coordinate case conference	Attend and participate in case conference
GP	930, 933, 935	937, 943, 945
Non-GP Medical Practitioner	969, 971, 972	973, 975, 986
Psychiatrist or Paediatrician	946, 948, 959	961, 962, 964
Allied Health Practitioner	n/a	80176, 80177, 80178

Each person in the team must be providing a different type of ongoing treatment or service.

When coordinating the MHCC you must meet requirements for what you:

- discuss with your patient
- document for the MHCC
- do upon completion of the MHCC document.

For more details refer to mental health case conferencing items on [MBS Online](#).



Frequently claimed services by practice Nurses, Aboriginal Health Workers and Aboriginal and Torres Strait Islander Health Practitioners on behalf of GPs

Face-to-Face Item	Telehealth Item	Telephone Item	Type of Service
10983	N/A	N/A	Telehealth support service by a practice Nurse, an Aboriginal Health Worker or an Aboriginal and Torres Strait Islander Health Practitioner.
10987	93200	93202	Follow up service by a practice Nurse or Aboriginal and Torres Strait Islander Health Practitioner for an Indigenous person who has had a health assessment.
10988	N/A	N/A	Immunisation by an Aboriginal and Torres Strait Islander Health Practitioner.
10989	N/A	N/A	Treatment of a wound by an Aboriginal and Torres Strait Islander Health Practitioner.
10997	93201	93203	Service by a practice Nurse or Aboriginal and Torres Strait Islander Health Practitioner for ongoing support and monitoring for patients with chronic diseases.
13105	N/A	N/A	Haemodialysis for a patient with end-stage kidney disease, who is managed by a nephrologist and located in a very remote area. That is Modified Monash area 7.
16400	91850	91855	Antenatal service provided by a Midwife, Nurse or Aboriginal and Torres Strait Islander Health Practitioner. Must be provided at, or from, a practice in a regional, rural or remote location. That is Rural, Remote and Metropolitan Areas (RRMA) 3-7 or Norfolk Island.

Item 10988 — Aboriginal and Torres Strait Islander Health Practitioners must be qualified and trained to provide immunisations. This includes any State or Territory requirements.

'On behalf of' services

- 10 individual services
- 2 family and carer services.

All family and carer services count towards the maximum 10 individual mental health services for the patient.

Refer to [MBS Online](#) for additional details for these services.

Services by Aboriginal Health Workers and Aboriginal and Torres Strait Islander Health Practitioners

These items must be billed under the provider number for the Aboriginal Health Worker or Aboriginal and Torres Strait Islander Health Practitioner. Both types of allied health professional are eligible for all these items.

Face-to-Face Item	Telehealth Item	Telephone Item	Description
10950	93000	93013	Aboriginal and Torres Strait Islander health service for patients with chronic conditions and complex care needs who are managed under a shared care plan, GPMP and TCAs or an MBS multidisciplinary care plan arrangement.
81300	93048	93061	Aboriginal and Torres Strait Islander health service for a follow-up allied health service identified in a health assessment or patients with chronic conditions and complex care needs who are managed under a shared care plan, GPMP and TCAs or an MBS multidisciplinary care plan arrangement.

Refer to [MBS Online](https://www.mbs.gov.au/mbs/online) to search for services that aren't listed in this table.



Frequently claimed Nurse Practitioner and Midwife attendances

These items must be billed under the provider number for the Nurse Practitioner or Midwife.

Face-to-Face Item	Telehealth Item	Telephone Item	Description
82105	91211	91218	Participating Midwife-short antenatal attendance (up to 40 minutes)
82110	91212	91219	Participating Midwife-long antenatal attendance (up to 40 minutes)
82130	91214	91221	Participating Midwife-short postnatal attendance (up to 40 minutes)
82135	91215	91222	Participating Midwife-long postnatal attendance (up to 40 minutes)
82200	91192	91193	Participating Nurse Practitioner attendance-obvious and straight forward in nature
82205	91178	91189	Participating Nurse Practitioner attendance (less than 20 minutes) for a patient presenting with clinical signs and symptoms with an easily identifiable underlying cause
82210	91179	91190	Participating Nurse Practitioner attendance (less than 20 minutes) for a patient presenting with clinical signs and symptoms with an easily identifiable underlying cause
82215	91180	91191	Participating Nurse Practitioner attendance (at least 40 minutes) for a patient presenting with multiple clinical signs and symptoms with the possibility of multiple outcomes

Refer to [MBS Online](#) to search for other Nurse Practitioner/Midwife services not in the table.



Frequently claimed diagnostic and minor surgical procedures

These are the diagnostic and minor surgical procedures most used by Aboriginal Medical Services.

Face-to-Face Item	Description
11506	Measurement of respiratory function (for example, spirometry) before and after inhalation of bronchodilator for obstructive or restrictive lung disease (including asthma)
11704	Twelve-lead ECG Electrocardiogram (ECG), tracing and report, by a Specialist or a Consultant Physician
11707	Twelve-lead ECG, trace only, by a Medical Practitioner
14206	Hormone or living tissue implantation by cannula (for example, Implanon)
30026 to 30049	Repair of wound items. These are listed by size and location of the wound being repaired
30062	Removal of etonogestrel subcutaneous implant (for example, Implanon)
30071	Diagnostic biopsy of skin
30192	Treatment of premalignant skin lesions by ablative techniques (for example, cryotherapy)
30219	Incision and drainage of haematoma, small abscess or similar lesion

Refer to [MBS Online](#) to search for services that aren't listed in the table.



Frequently claimed pathology services done in the practice

These are the MBS pathology items most used by GPs in Aboriginal Medical Services. Refer to [MBS Online](#) for a full list of pathology services that can be done in the practice.

Item	Description
73802	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count—one test
73803	2 tests described in item 73802
73804	3 or more tests described in item 73802
73805	Microscopy of urine, excluding dipstick testing
73806	Pregnancy test
73839 to 73844	QAAMS items for diagnosis and management of diabetes. Refer to page 23, QAAMS page in this guide for details on these items

Nurse Practitioners can also provide services under items 73828 to 73837. Refer to [MBS Online](#) for full details.

You can also claim bulk bill incentive items 74990, 74991, 75861, 75862, 75863 or 75864 when you, bulk bill these services for eligible patients. Refer to page 52 for [Higher bulk billing incentive](#) payments for approved locations' and 'Claiming multiple bulk billing incentive items' in this guide for more bulk bill items and details.

Refer to [pages 49 to 51](#) for more details.

Date of service

For Medicare claiming of pathology services, you should report the date of service as either:

- the date of the specimen collection
- the date of the first specimen collection where multiple samples are taken for a single Medicare-billed test.

This is because some pathology tests are performed in multiple parts, and potentially performed on different days.

For exceptions and more information, refer to [Claiming Medicare Benefits - Date of Service for Pathology Providers](#) on the Department of Health and Aged Care website.



Heart health assessment

The heart health assessment item are:

- **177** –professional attendance for a heart health assessment by a Medical Practitioner (other than a Specialist or Consultant Physician) or
- **699** –professional attendance for a heart health assessment by a General Practitioner.

The heart health assessment is claimable once only in a 12 month period however it can't be claimed if a patient has had a health assessment service in the previous 12 months. Refer to [MBS Note AN.14.2](#) on MBS Online.

Heart health assessment item	Health assessment item
177	224, 225, 226, 227, 92011
699	701, 703, 705, 707, 92004

Refer to [MBS Online](#) for further information.



GP attendances in consulting rooms VR items

Normal hours		
Face-to-Face Item	Telehealth Item	Description
3	91790	Level A short attendance
23	91800	Level B standard attendance (less than 20 minutes)
36	91801	Level C long attendance (20 - 39 minutes)
44	91802	Level D prolonged attendance (40 minutes or more)
123	91920	Level E prolonged attendance (60 minutes or more)

After-hours (not urgent)	
Item	Description
5000	Level A short attendance
5020	Level B standard attendance (less than 20 minutes)
5040	Level C long attendance (20 - 39 minutes)
5060	Level D prolonged attendance (40 minutes or more)

Refer to page 19 for [VR and Non-VR](#) in this guide to find out about VR items.

For these items, the after-hours times are:

- Sundays or public holidays any time
- Saturdays - before 8 am or after 1 pm
- Other days - before 8 am or after 8 pm.



GP attendances in consulting rooms Non-VR items

Normal hours				
Description	Face-to-Face Item MMM 1 locations	Telehealth Item MMM 1 locations	Face-to-Face Item MMM 2-7 locations	Telehealth Item MMM 2-7 locations
5 minutes or less	52 (Group A2)	91792 (Group A40)	179 (Subgroup A7.2)	91794 (Group A40)
6 to 25 minutes	53 (Group A2)	91803 (Group A40)	185 (Subgroup A7.2)	91806 (Group A40)
26 to 45 minutes	54 (Group A2)	91804 (Group A40)	189 (Subgroup A7.2)	91807 (Group A40)
46 minutes or more	57 (Group A2)	91805 (Group A40)	203 (Subgroup A7.2)	91808 (Group A40)

After-hours (not urgent)	
Item	Description
733	5 minutes or less
737	6 to 25 minutes
741	26 to 45 minutes
745	46 minutes or more

Refer to page 19 for [VR and Non-VR](#) in this guide to find out about VR items.

For these items, the after-hours times are:

- Sundays or public holidays any time
- Saturdays - before 8 am or after 1 pm
- Other days - before 8 am or after 8 pm.



Frequently claimed pregnancy related services

These are the items most used for pregnancy related services by Aboriginal Medical Services.

Face-to-Face Item	Telehealth Item	Telephone Item	Description
16400	91850	91855	Antenatal service provided by a Midwife, Nurse or Aboriginal and Torres Strait Islander Health Practitioner. Must be provided at, or from, a practice in a regional, rural or remote location. (RRMA 3 -7 or Norfolk Island)
16500	91853	91858	Antenatal attendance by a Medical Practitioner.
16591	N/A	N/A	Planning and management of a pregnancy that has progressed beyond 28 weeks, where the patient will be transferred to another Medical Practitioner for labour and delivery.
82105	91211	91218	Antenatal attendance by a participating Midwife (up to 40 minutes)

Items 16400, 91850 and 91855

- These items are provided on behalf of the GP and billed under the GP's provider number.
- If you're unsure of your practice's RRMA number, check using the [Health Workforce Locator](#)

Refer to [MBS Online](#) to search for other pregnancy related services that aren't listed in this table.



After-hours attendances (urgent)

These items can only be used where the:

- attendance is asked for during the after-hours period (attendance can't be requested before the after- hours period begins), and
- patient has a medical condition that requires urgent assessment, which can't be delayed until the next in-hours period, and
- practitioner has to return to, and specially open the consulting rooms, for the attendance- if held in consulting rooms.

VR items	
Item	Description
585	Urgent after-hours attendance NOT between 11 pm and 7 am
594	Additional patient seen on same occasion as 585 - billable once per additional patient
599	Urgent after-hours attendance between 11 pm and 7 am - face-to-face
92210	Urgent after-hours attendance between 11 pm and 7 am - telehealth

After-hours	
Item	Description
588	Urgent after-hours attendance NOT between 11 pm and 7 am - in a rural area
591	Urgent after-hours attendance NOT between 11 pm and 7 am - NOT in a rural area
594	Additional patient seen on same occasion as 588 or 591 - billable once per additional patient
600	Urgent after-hours attendance between 11 pm and 7 am - face-to-face
92211	Urgent after-hours attendance between 11 pm and 7 am - telehealth

Important

Item 585 doesn't apply to practitioners registered under the [After-hours Other Medical Practitioners Program](#) that are providing services through a medical deputising service.

Refer to page 19 for [VR and Non-VR](#) in this guide to find out about VR items.

Rural area

For these items, a rural area is a Modified Monash Model area of between 2-7. To check your Modified Monash area, refer to [DoctorConnect](#) on the Department of Health and Aged Care website.



Attendances in Residential Aged Care Facilities (RACF)

General Practitioners (GPs) and non-vocationally recognised Medical Practitioners (Non-VR MPs) can claim Medicare benefits for attendances at a RACF.

Refer to [MBS Online](#) for more information about billing these MBS items.

Call Out Fee	
Item	Description
GP 90001	For the first attendance at one RACF - item 90020, 90035, 90043, 90051, applies
Non-VR MP 90002	For the first attendance at one RACF - item 90092, 90093, 90095, 90096, 90183, 90188, 90202, 90212 applies
GP or MP 90005	For the first attendance at one RACF or one residential disability setting facility or a person's place of residence - item 93644, 93645, 93646, 93647, 93653, 93654, 93655, 93656, 93660 or 93661 applies
GP Item	
Item	Description
90020	Level A short attendance
90035	Level B standard attendance (less than 20 minutes)
90043	Level C long attendance (20 - 39 minutes)
90051	Level D prolonged attendance (40 minutes or more)
93644	COVID-19 vaccine suitability assessment service - business hours, MMM 1
93645	COVID-19 vaccine suitability assessment service - business hours, MMM 2-7
93653	COVID-19 vaccine suitability assessment service - after-hours, MMM 1
93654	COVID-19 vaccine suitability assessment service - after-hours, MMM 2-7
93660	Off-site COVID-19 vaccine suitability assessment service by a relevant health professional on behalf of a Medical Practitioner - from a MMM 1 location
93661	Off-site COVID-19 vaccine suitability assessment service by a relevant health professional on behalf of a Medical Practitioner - from a MMM 2-7 location

Refer to page 19 for [VR and Non-VR](#) items of this guide to find out more about VR and Non-VR items.



Attendances in Residential Aged Care Facilities (RACF) – continued

Non-VR MP Items (MMM 1 locations)	
Item	Description
90092	Brief attendance (5 minutes or less)
90093	Standard attendance (6 - 25 minutes)
90095	Long attendance (26 - 45 minutes)
90096	Prolonged attendance (45 minutes or more)
93646	COVID-19 vaccine suitability assessment service - business hours
93655	COVID-19 vaccine suitability assessment service - after-hours
93660	Off-site COVID-19 vaccine suitability assessment service by a relevant health professional on behalf of a Medical Practitioner - from a MMM 1 location

Non-VR MP Items (MMM 2-7 locations)	
Item	Description
90183	Brief attendance (5 minutes or less)
90188	Standard attendance (6 - 25 minutes)
90202	Long attendance (26 - 45 minutes)
90212	Prolonged attendance (45 minutes or more)
93647	COVID-19 vaccine suitability assessment service - business hours
93656	COVID-19 vaccine suitability assessment service - after-hours
93661	Off-site COVID-19 vaccine suitability assessment service by a relevant health professional on behalf of a Medical Practitioner - from a MMM 2-7 practice location

For these items, the after-hours times are:

- Sundays or public holidays any time
- Saturdays - before 8 am or after 1 pm
- Other days - before 8 am or after 8 pm.

Refer to page 19 for [VR and Non-VR](#) items of this guide to find out more about VR and Non-VR items.



Bulk Billing Incentive (BBI) payments

When you bulk bill a service to a patient, you can claim an additional MBS item if it's:

- for a patient under 16 or they're the holder of or listed on a Commonwealth concession card (concessional beneficiary)
- an outpatient service (not for admitted hospital patients)
- a non-specialist (unreferred/not requested) service
- bulk billed.

General Medical Services

These services are made up of:

- Category 1 - Professional Attendances. An example is a Level B surgery consultation (MBS item 23)
- Category 2 - Diagnostic Procedures and Investigations. An example is an ECG (MBS item 11704)
- Category 3 - Therapeutic Procedures. An example is a skin biopsy (MBS item 30071)
- Category 8 - Miscellaneous Services. An example is immunisation provided by an Aboriginal and Torres Strait Islander Health Practitioner (MBS item 10988).

Refer to the [MBS Online](#) for further information.



Bulk Billing Incentive (BBI) payments

Services	Item Number	Practice Location
General medical with attendance services: <ul style="list-style-type: none"> Level B, C, D, E (face-to-face) Level B (telehealth (video) and phone) <p>Read more about BBI items for general medical services on MBS online.</p>	75870	Metropolitan areas
	75871	Regional centres
	75872	Metropolitan areas, but service is provided after-hours in non-metropolitan areas
	75873	Large or medium rural towns
	75874	Small rural towns
	75875	Remote communities
	75876	Very remote communities
Services	Item Number	Practice Location
General medical with attendance services: <ul style="list-style-type: none"> Level C, D, E (telehealth (video) and phone) and (video only) and the patient is enrolled in MyMedicare. <p>Read more about BBI items for general medical services on MBS online.</p>	75880	Metropolitan areas
	75881	Regional centres
	75882	Large or medium rural towns
	75883	Small rural towns
	75884	Remote communities
	75885	Very remote communities



Bulk Billing Incentive (BBI) payments

Services	Item Number	Practice Location
Diagnostic Imaging Read more about BBI items for general medical services on MBS online.	64990	Metropolitan areas
	64991	Regional centres
	64992	Metropolitan areas, but service is provided after-hours in non-metropolitan areas
	64993	Large or medium rural towns
	64994	Small rural towns
	64995	Remote communities
Services	Item Number	Practice Location
Pathology Read more about BBI items for general medical services on MBS online.	74990	Metropolitan areas
	74991	Regional centres
	75861	Large or medium rural towns
	75862	Small rural towns
	75863	Remote communities
	75864	Very remote communities
Services	Item Number	Practice Location
General Medical All other eligible services not covered above Read more about BBI items for general medical services on MBS online.	10990	Metropolitan areas
	10991	Regional centres
	10992	Metropolitan areas, but service is provided after-hours in non-metropolitan areas
	75855	Large or medium rural towns
	75856	Small rural towns
	75857	Remote communities
	75858	Very remote communities



Higher Bulk Billing Incentive (BBI) payments

Higher-paying BBI are available for Commonwealth concession card holders (concessional beneficiaries) and patients under 16 with the following:

- general medical attendance services:
 - Level B, C, D, E (face-to-face)
 - Level B (telehealth (video) and phone)
 - Levels C, D (telehealth (video) and phone) and E (video only) if the patient is enrolled in MyMedicare
- other services provided in all regional, rural, and remote areas (MMM 2-7).

For more information refer to [Bulk Billing in General Practice from 1 November 2023](#) on MBS Online.



Claiming multiple Bulk Billing Incentive items

These items can be claimed more than once, where more than one MBS item is provided. For example, if a Level B surgery consultation item (Item 23), ECG - tracing (Item 11707) and pregnancy test (Item 73806) were provided in a metropolitan location (MMM1), you'd claim for:

- Item 23 (Level B surgery consultation)
- Item 75870 (Bulk Bill Incentive item related to item 23)
- Item 11707 (ECG - trace only, by a Medical Practitioner)
- Item 10990 (Bulk Bill Incentive item related to item 11707)
- Item 73806 (pregnancy test)
- Item 74990 (Bulk Billing Incentive item related to item 73806).

Remember

Bulk Bill Incentive item numbers are:

- general medical services – 10990, 10992, 75855, 75858, 75870, 75876 and 75880
- diagnostic imaging services – 64990 and 64995
- pathology services – 74990, 74991, 75861 and 75864
- Where a Medicare benefit isn't payable for a service, any related Bulk Bill Incentive item won't be paid.

For example, if the agency rejects a health assessment (item 228, 715, 92004 or 92011) for a patient because they already had one, 2 months ago, the agency would also reject the related Bulk Bill Incentive item (for example, item 10990).

Top 3 claim rejection reasons and how to avoid them

These are the top 3 rejection codes used in Medicare claims. Here's some help on how to avoid them.

Code	Description	How to avoid the rejection
141	No benefit for services performed by this provider	Use the MBS Item Online Checker in HPOS to make sure you: <ul style="list-style-type: none">• use the right provider number for the location the doctor is practising from• claim the right items for the doctor – for example, claiming item 53 instead of incorrect item 23.
160	Maximum number of services for this item already paid	Use the MBS Item Online Checker in HPOS before you claim to make sure the patient can get the service the doctor will be providing. For example, before providing a health assessment, make sure the patient hasn't already had one in the last 9 months.
619	Servicing provider number not open at date of service	Use the MBS Item Online Checker in HPOS to make sure you: <ul style="list-style-type: none">• have the right provider number for the location the doctor is practising at• submit claims regularly.

MBS Item Online Checker

Refer to page 15 [MBS Item Online Checker](#) of this guide for more information on the MBS Item Online Checker.



Medicare Aboriginal and Torres Strait Islander Access Line

A free call telephone service that helps Aboriginal and Torres Strait Islander Australians get information about, or access to, Medicare services and programs.

This service is supported by Services Australia staff who are culturally aware of the special conditions that may affect Aboriginal and Torres Strait Islander Australians.

Aboriginal and Torres Strait Islander Australians who don't have identification, such as a birth certificate, can enrol or amend their details in Medicare with the [Aboriginal and Torres Strait Islander Medicare enrolment and amendment form \(MS018\)](#)

Your patients can also enrol or change their details by going to the [Services Australia website](#) and search for Medicare Voluntary Indigenous Identifier.



1800 556 955 Monday to Friday, 8:30 am to 5:00 pm local time.

Note: Call charges apply from mobile phones.



Medicare online accounts and the Express Plus Medicare mobile app

This is a secure way for your patients to access a range of Medicare services at any time. Some of the services include:

- [make a claim](#)
- [view or save proof of vaccinations](#)
- [update address, bank details or other personal details](#)
- manage Medicare cards and the people on it
- view a digital copy of their Medicare card
- manage [organ donation](#) decisions
- check their [Medicare Safety Net](#) balance and confirm family details
- check a child's eligibility for the [Child Dental Benefits Schedule](#)
- [enrol a baby in Medicare](#)

For more information and a full list of services refer to [Medicare online account](#) on the Services Australia website.



Glossary

ACR	Albumin/Creatinine Ratio
AIR	Australian Immunisation Register
AMS	Aboriginal Medical Services
Ahpra	Australian Health Practitioner Regulation Agency
ACCHS	Aboriginal Community Controlled Health Services
BBI	Bulk billing incentive
CDM	Chronic Disease Management
CTG	Closing the Gap
ECG	Electrocardiogram
GP	General Practitioner
GPMP	GP Management Plan
HPOS	Health Professional Online Services
IHI	Individual Healthcare Identifiers
JEV	Japanese Encephalitis Virus
LGBTI+	Lesbian, Gay, Bisexual, Transgender, Intersex and Others
MBS	Medicare Benefits Schedule
MEO	Medicare Engagement Officers
MHCC	Mental Health Case Conferences
MMM	Modified Monash Model
MOMPs	MedicarePlus for Other Medical Practitioners Program
MPs	Medical Practitioners
NIP	National Immunisation Program

Non-VR MPs	Non-Vocationally Recognised Medical Practitioners
OMPEP	Other Medical Practitioner Extension Program
PBS	Pharmaceutical Benefits Scheme
PIP	Practice Incentives Program
PIP IHI	Practice Incentives Program Indigenous Health Incentive
PRODA	Provider Digital Access
QAAMS	Quality Assurance for Aboriginal and Torres Strait Islander Medical Services
RACF	Residential Aged Care Facilities
RACGP	Royal Australian College of General Practitioners
RRMA	Rural and Remote Metropolitan Areas
TCAs	Team Care Arrangements
UAWS	Urban Areas of Workforce Shortage
VR	Vocationally Recognised
WIP	Workforce Incentive Program – Practice Stream



Contacts and useful references

Medicare	
Health Professional Online Services (HPOS) and digital claiming	132 150 (option 6) Monday to Friday, 8 am to 5 pm, Australian Western Standard Time
Medicare Aboriginal and Torres Strait Islander Access Line	1800 556 955 Monday to Friday, 8:30 am to 5 pm, local time
Medicare Benefits Schedule (MBS)	MBSonline.gov.au
Medicare provider registration	132 150 (option 2) Monday to Friday, 8:30 am to 5 pm, local time
MBS item questions	132 150 (option 3) Monday to Friday, 8:30 am to 5 pm, local time
AskMBS for MBS item interpretation (AskMBS email advice service)	Australian Government Department of Health and Aged Care AskMBS@health.gov.au
PBS	
Aboriginal Health Services claiming and supply of PBS items	132 290 24 hours, 7 days qld.ahs@servicesaustralia.gov.au
PBS online	PBS.gov.au
Other	
Australian Immunisation Register general enquiries Australian Immunisation Register internet helpdesk	1800 653 809 (Duplicate and/or incorrect AIR records and other general enquiries) 1300 650 039 (Accessing and using the AIR Site) Monday to Friday, 8 am to 5 pm, local time
Centrelink Indigenous Call Centre (Speak to a Social Worker)	1800 136 380 Monday to Friday, 8 am to 5 pm, local time
eBusiness Service Centre	1800 700 199 Monday to Friday, 8 am to 5 pm, local time ebusiness@servicesaustralia.gov.au
Family and Domestic Violence	servicesaustralia.gov.au/family-and-domestic-violence 1800RESPECT.org.au and 1800 737 732 Mensline.org.au and 1300 789 978
Individual Healthcare Identifiers	1300 361 457 Monday to Friday 8:30 am to 5 pm AEST
My Health Record	1800 723 471 (option 2), available 24 hours a day, 7 days a week



Contacts and useful references

Other (continued)	
Outreach Services	MEO.OUTREACHSERVICES@servicesaustralia.gov.au
Practice Incentives Program	1800 222 032* Monday to Friday, 8:30 am to 5 pm, Australian Central Standard Time. *Call charges may apply. pip@servicesaustralia.gov.au

Feedback

You can provide feedback on this resource or any others via the [Feedback form](#) on the [Health Professional Education Resources](#) website.

It is helpful to include, the specific resource code or title in your feedback. For this resource, please use the code **IHSM10INFO**.

