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Sources: mbsonline.gov.au
dva.gov.au/providers/notes-fee-schedules-and-guidelines

MBS QUICK GUIDE AUGUST 2026

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

ROUTINE HOURS CONSULTATIONS

IN THE SURGERY

Item no		
3	$20.55	Level A (brief)
23	$45.05	Level B (standard, 6-19 mins)
36	$87.10	Level C (long, 20-39 mins)
44	$128.35	Level D (prolonged, 40-59 mins)
123	$207.90	Level E (prolonged, ≥60 mins)

RESIDENTIAL AGED CARE FACILITY (RACF)

90001	$65.80	Flag-fall service for each visit, first patient seen only; applies to return visits same day except for continuation of earlier episode of care
90020	$20.55	Level A (applicable to each patient seen)
90035	$45.05	Level B (applicable to each patient seen)
90043	$87.10	Level C (applicable to each patient seen)
90051	$128.35	Level D (applicable to each patient seen)
90054	$207.90	Level E (applicable to each patient seen)

HOME/INSTITUTION/HOSPITAL VISITS (EXCLUDING RACF)

	One patient seen	
4	$52.05*	Level A
24	$76.55*	Level B
37	$118.60*	Level C
47	$159.85*	Level D
124	$239.40*	Level E

AFTER-HOURS CONSULTATIONS — NON-URGENT

(**Mon-Fri:** before 8am/after 6pm or 8pm†; **Sat:** before 8am/after 12pm or 1pm†; **Sun/public holiday:** all day);† later times apply to surgery consults

IN THE SURGERY

Item no		
5000	$34.70	Level A
5020	$58.65	Level B
5040	$100.55	Level C
5060	$140.95	Level D
5071	$239.45	Level E

RESIDENTIAL AGED CARE FACILITY (RACF)

	One patient seen	
5010	$90.65	Level A
5028	$114.60	Level B
5049	$156.50	Level C
5067	$196.90	Level D
5077	$295.40	Level E

HOME/INSTITUTION VISITS (EXCLUDING HOSPITAL/RACF)

	One patient seen	
5003	$65.80	Level A
5023	$89.75	Level B
5043	$131.65	Level C
5063	$172.05	Level D
5076	$270.55	Level E

AFTER-HOURS CONSULTATIONS — URGENT

585	$155.40*	Urgent after hours (**Mon-Fri:** 7-8am, 6-11pm; **Sat:** 7-8am, 12pm-11pm; **Sun/public holiday:** 7am-11pm)
599	$183.15*	Urgent unsociable hours (between 11pm and 7am)

PATIENT END SUPPORT SERVICES

IN THE SURGERY			RACF			HOME/INSTITUTION VISITS		
2484	$65.55	Level B (6-19 mins)	2486	$65.55	Level B	2485	$76.10	Level B
2487	$107.65	Level C (20-39 mins)	2489	$107.65	Level C	2488	$118.15	Level C
2490	$148.85	Level D (40-59 mins)	2492	$148.85	Level D	2491	$156.70	Level D
2493	$228.45	Level E (>60 mins)	2495	$228.45	Level E	2494	$238.95	Level E

HEALTH ASSESSMENTS

695	$104.55	Menopause and perimenopause health assessment, ≥20 mins
699	$87.10	Heart health assessment (annually), ≥20 mins, age ≥30
715	$254.10	Indigenous health assessment (every nine mths)

ELIGIBLE GROUPS

- 40-49-yr-olds at high risk of diabetes (THREE YEARLY)
- 45-49-yr-olds at risk of developing chronic disease (ONCE ONLY)
- People aged ≥75 (ANNUALLY)
- Permanent RACF residents (ANNUALLY)
- People with intellectual disability (ANNUALLY)
- Refugees with Medicare access (ONCE ONLY)
- Former serving members of the ADF (ONCE ONLY)

701	$71.00	Brief, <30 mins
703	$165.05	Standard, 30-45 mins
705	$227.75	Long, 45-60 mins
707	$321.75	Prolonged, ≥60 mins

DVA ANNUAL VETERANS HEALTH CHECK — ELIGIBLE GROUPS

- Moved to civilian life from 1 July 2019
- Served at least one day
- Have DVA card
- First five yrs after transition

Item no	DVA fee	
MT701	$79.60	Brief, <30 mins
MT703	$185.00	Standard, 30-45 mins
MT705	$255.30	Long, 45-60 mins
MT707	$360.65	Prolonged, ≥60 mins

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

CHRONIC DISEASE/COMPLEX CARE MANAGEMENT

Item no		
965	$160.60*	Prepare a GP chronic condition management plan (GPCCMP)
967	$160.60*	Review of GPCCMP
10997	$14.35	Service to patient with GP management plan/team care arrangement by practice nurse/Aboriginal health practitioner (up to five a yr)
10987	$28.70	Service to an Indigenous patient, following health assessment, by practice nurse or Aboriginal health practitioner (up to 10 a yr)
139	$161.05	Assessment, diagnosis and plan for patient aged <25 with an eligible disability (see MBS), lasting ≥45 mins
729	$84.25	Contribution to/review of multidisciplinary care plan prepared by another provider, non-RACF resident
731	$84.25	Contribution to/review of multidisciplinary care plan prepared by another provider, RACF resident
900	$185.35	Domiciliary medication management review
903	$126.90	Residential medication management review

MENTAL HEALTH

		GP mental health treatment plan
		WITHOUT mental health skills training
2700	$85.80*	• 20-39-min consultation
2701	$126.35*	• ≥40-min consultation
		WITH mental health skills training
2715	$108.95*	• 20-39-min consultation
2717	$160.50*	• ≥40-min consultation
		GP eating disorders treatment and management plan
		WITHOUT mental health skills training
90250	$85.80	• 20-39-min consultation
90251	$126.35	• ≥40-min consultation
		WITH mental health skills training
90252	$108.95	• 20-39-min consultation
90253	$160.50	• ≥40-min consultation
90264	$85.80	GP review of eating disorder treatment plan
		Mental health case conferencing
		GP ORGANISED
930	$84.65*	• 15-20 mins
933	$144.70*	• 20-40 mins
935	$241.25*	• ≥40 mins
		GP PARTICIPATING
937	$62.20*	• 15-20 mins
943	$106.60*	• 20-40 mins
945	$177.35*	• ≥40 mins

Summary of bulk-billing incentives: bit.ly/3Ly9PFI

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WOMEN'S HEALTH

Item no		
73806	$10.15*	Urine pregnancy test
16500	$56.45*	Routine antenatal attendance
16591	$170.75*	Management of pregnancy >28/40 (including mental health assessment) by shared care GP who is not planning to perform the delivery
16407	$85.80*	4-8 weeks postnatal attendance, >20 mins, including mental health and domestic violence assessment
14206	$103.00*	Administration of hormone implant by cannula (including Implanon)
30062	$107.90*	Removal of Implanon
35503	$221.55*	Insertion of IUD

If item 14206, 30062 or 35503 is bulk-billed, item 35501 can be co-claimed for added 'loading' fee of 40% of rebate

DIAGNOSTIC PROCEDURES

Item no		
11505	$49.30*	Diagnostic spirometry – pre and post bronchodilator (annually)
11506	$24.60*	Disease monitoring spirometry – pre and post bronchodilator
11707	$22.00*	12-lead ECG trace only, no report
11714	$29.00*	12 lead ECG, trace and interpretation
11607	$123.20*	24-hr blood pressure for suspected hypertension (patient not treated), including report and treatment plan
73812	$11.80*	HbA1c point-of-care (POC) test for established diabetes, done by or on behalf of GP at an accredited practice for POC testing
73826	$11.80*	HbA1c POC test for established diabetes, done by nurse practitioner at an accredited practice for POC testing

MINOR PROCEDURES

Item no		
30071	$62.55*	Diagnostic biopsy of skin
30072	$62.55*	Diagnostic biopsy of mucous membrane
30192	$47.30*	Ablative treatment of 10 or more pre-malignant skin lesions
30196	$151.10*	Removal of malignant neoplasm of skin or mucous membrane (histopathologically proven or dermatologist confirmed) by serial curettage or laser excision/ablation
30202	$57.80*	Removal of malignant neoplasm of skin or mucous membrane (histopathologically proven or dermatologist confirmed) by cryotherapy using repeat freeze–thaw cycles
30064	$131.55*	Removal of subcutaneous foreign body, requiring incision and exploration +/- wound closure
30061	$28.15*	Removal of superficial foreign body, including cornea/sclera
30216	$32.75*	Aspiration of haematoma
30219	$32.75*	Incision and drainage of abscess/haematoma (excluding aftercare)
41500	$98.70*	Removal of foreign body from ear (other than by simple syringing)
		Wound repair, ≤7cm, superficial
30026	$62.55*	• Not face or neck
30032	$98.70*	• Face or neck
		Wound repair, ≤7cm, deep
30029	$107.75*	• Not face or neck
30035	$140.70*	• Face or neck
47904	$67.60*	Toenail removal
47915	$202.00*	Ingrown toenail (wedge resection)
47916	$101.95*	Ingrown toenail (phenol/electrocautery/laser to nail bed)
32147	$53.95*	Incision of perianal thrombosis
32072	$57.25*	Sigmoidoscopic examination
30003	$43.50*	Dressing of localised burns