



Desktop Guide

Non-VR GP (MDRAP & PEP or 19AB Exemption) MBS item numbers

For General Practice Services
August 2020

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CONSULTATION ITEM NUMBERS

ITEM	NAME	DESCRIPTION / RECOMMENDED FREQUENCY
179	Level A – Brief Consultation – In Rooms	Professional attendance at consulting rooms of not more than 5 minutes in duration (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area.
181	Level A – Brief Consultation – Home Visit	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies), not more than 5 minutes in duration—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area. (See MBS online for fee calculation)
90183	Level A – Brief Consultation – RACF Visit	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of not more than 5 minutes in duration—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by medical practitioner in an eligible area. (See MBS online for fee calculation)
185	Level B – Standard Consultation – In Rooms	Professional attendance at consulting rooms of more than 5 minutes in duration but not more than 25 minutes (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area
187	Level B – Standard Consultation – Home Visit	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 5 minutes in duration but not more than 25 minutes —an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area. (See MBS online for fee calculation)
90188	Level B – Standard Consultation – RACF Visit	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 5 minutes in duration but not more than 25 minutes —an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner in an eligible area. (See MBS online for fee calculation)
189	Level C – Long Consultation – In Rooms	Professional attendance at consulting rooms of more than 25 minutes in duration but not more than 45 minutes (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area
191	Level C – Long Consultation – Home Visit	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 25 minutes in duration but not more than 45 minutes —an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area. (See MBS online for fee calculation)

90202	Level C – Long Consultation – RACF Visit	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 25 minutes in duration but not more than 45 minutes —an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner in an eligible area. (See MBS online for fee calculation)
203	Level D – Prolonged Consultation – In Rooms	Professional attendance at consulting rooms of more than 45 minutes in duration (other than a service to which any other item applies)—each attendance, by a medical practitioner in an eligible area
206	Level D – Prolonged Consultation – Home Visit	Professional attendance (other than an attendance at consulting rooms or a residential aged care facility or a service to which any other item in the table applies) of more than 45 minutes in duration—an attendance on one or more patients at one place on one occasion—each patient, by a medical practitioner in an eligible area. (See MBS online for fee calculation)
90212	Level D – Prolonged Consultation – RACF Visit	Professional attendance (other than a service to which any other item applies) at a residential aged care facility (other than a professional attendance at a self-contained unit) or professional attendance at consulting rooms situated within such a complex where the patient is accommodated in the residential aged care facility (that is not accommodation in a self-contained unit) of more than 45 minutes in duration—an attendance on one or more patients at one residential aged care facility on one occasion—each patient, by a medical practitioner in an eligible area. (See MBS online for fee calculation)
10990	Bulk Billing Item	DVA, under 16s and Commonwealth Concession Card holders. Can be claimed concurrently for eligible patients.
10991	Bulk Billing Item	DVA, under 16s and Commonwealth Concession Card holders. Region specific. Can be claimed concurrently for eligible patients.
11506	Spirometry	Measurement of respiratory function before and after inhalation of bronchodilator
11707	ECG	12 Lead Electrocardiography, tracing only
11731	Implanted electrocardiogram loop recording	Implanted electrocardiogram loop recording, by a medical practitioner, including reprogramming when required; retrieval of stored data, analysis, interpretation and report by a medical practitioner. Applicable once in a 4 week period.

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

EXTENDED CONSULTATION

ITEM	NAME	DESCRIPTION / RECOMMENDED FREQUENCY
214	Brief Extended Consultation – Imminent danger of death	Professional attendance by a medical practitioner for a period of not less than 1 hour but less than 2 hours (other than a service to which another item applies) on a patient in imminent danger of death
215	Standard Extended Consultation – Imminent danger of death	Professional attendance by a medical practitioner for a period of not less than 2 hours but less than 3 hours (other than a service to which another item applies) on a patient in imminent danger of death
218	Long Extended Consultation – Imminent danger of death	Professional attendance by a medical practitioner for a period of not less than 3 hours but less than 4 hours (other than a service to which another item applies) on a patient in imminent danger of death
219	Prolonged Extended Consultation – Imminent danger of death	Professional attendance by a medical practitioner for a period of not less than 4 hours but less than 5 hours (other than a service to which another item applies) on a patient in imminent danger of death
220	Extra Prolonged Extended Consultation – Imminent danger of death	Professional attendance by a medical practitioner for a period of 5 hours or more (other than a service to which another item applies) on a patient in imminent danger of death

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**CHRONIC DISEASE
MANAGEMENT**

ITEM	NAME	DESCRIPTION / RECOMMENDED FREQUENCY
229	GP Management Plan (GPMP)	Attendance by a medical practitioner, for preparation of a GP management plan for a patient (other than a service associated with a service to which any of items 735 to 758 and items 235 to 240 apply)
230	Team Care Arrangement (TCA)	Attendance by a medical practitioner, to coordinate the development of team care arrangements for a patient (other than a service associated with a service to which any of items 735 to 758 and items 235 to 240 apply)
233	Review of GP Management Plan and/or Team Care Arrangement	Attendance by a medical practitioner to review or coordinate a review of:(a) a GP management plan prepared by a medical practitioner (or an associated medical practitioner) to which item 721 or item 229 applies; or(b) team care arrangements which have been coordinated by the medical practitioner (or an associated medical practitioner) to which item 723 or item 230 applies
231	GP Contribution to, or Review of, Multidisciplinary Care Plan prepared by another Provider	Contribution by a medical practitioner, to a multidisciplinary care plan prepared by another provider or a review of a multidisciplinary care plan prepared by another provider (other than a service associated with a service to which any of items 735 to 758 and items 235 to 240 apply)
232	GP Contribution to, or Review of, Multidisciplinary Care Plan prepared by RACF	Contribution by a medical practitioner, to:(a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or(b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider(other than a service associated with a service to which items 735 to 758 and items 235 to 240 apply)

GP MULTIDISCIPLINARY CASE CONFERENCE

ITEM	NAME	DESCRIPTION / RECOMMENDED FREQUENCY
235	Standard Organise and coordinate a case conference	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which items 721 to 732 or items 229 to 233 apply)
236	Long Organise and coordinate a case conference	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which items 721 to 732 or items 229 to 233 apply)
237	Prolonged Organise and coordinate a case conference	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 40 minutes (other than a service associated with a service to which items 721 to 732 or items 229 to 233 apply)
238	Standard Participate in a case conference	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 15 minutes, but for less than 20 minutes (other than a service associated with a service to which items 721 to 732 or items 229 to 233 apply)
239	Long Participate in a case conference	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 20 minutes, but for less than 40 minutes (other than a service associated with a service to which items 721 to 732 or items 229 to 233 apply)
240	Prolonged Participate in a case conference	Attendance by a medical practitioner, as a member of a multidisciplinary case conference team, to participate in: (a) a community case conference; or (b) a multidisciplinary case conference in a residential aged care facility; or (c) a multidisciplinary discharge case conference; if the conference lasts for at least 40 minutes (other than a service associated with a service to which items 721 to 732 or items 229 to 233 apply)
243	Lead and coordinate a case conference for a patient with Cancer	Attendance by a medical practitioner, as a member of a case conference team, to lead and coordinate a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary treatment plan, if the case conference is of at least 10 minutes , with a multidisciplinary team of at least 3 other medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers
244	Lead and coordinate a case conference for a patient with Cancer	Attendance by a medical practitioner, as a member of a case conference team, to participate in a multidisciplinary case conference on a patient with cancer to develop a multidisciplinary treatment plan, if the case conference is of at least 10 minutes , with a multidisciplinary team of at least 4 medical practitioners from different areas of medical practice (which may include general practice), and, in addition, allied health providers

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MEDICATION MANAGEMENT REVIEW

ITEM	NAME	DESCRIPTION / RECOMMENDED FREQUENCY
245	Domiciliary Medication Management Review (DMMR)	Participation by a medical practitioner in a Domiciliary Medication Management Review (DMMR) for a patient living in a community setting, in which the medical practitioner, with the patient's consent: (a) assesses the patient as: (i) having a chronic medical condition or a complex medication regimen; and (ii) not having their therapeutic goals met; and (b) following that assessment: (i) refers the patient to a community pharmacy or an accredited pharmacist for the DMMR; and (ii) provides relevant clinical information required for the DMMR; and (c) discusses with the reviewing pharmacist the results of the DMMR including suggested medication management strategies; and (d) develops a written medication management plan following discussion with the patient; and (e) provides the written medication management plan to a community pharmacy chosen by the patient For any particular patient—this item or item 900 is applicable not more than once in each 12 month period, except if there has been a significant change in the patient's condition or medication regimen requiring a new DMMR
249	Residential Medication Management Review (RMMR)	Participation by a medical practitioner in a residential medication management review (RMMR) for a patient who is a permanent resident of a residential aged care facility—other than an RMMR for a resident in relation to whom, in the preceding 12 months, this item or item 903 has applied, unless there has been a significant change in the resident's medical condition or medication management plan requiring a new RMMR

DIABETES CYCLE OF CARE

ITEM	NAME	DESCRIPTION / RECOMMENDED FREQUENCY
259	Brief Diabetes Cycle of Care – In Rooms	Professional attendance at consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus
260	Brief Diabetes Cycle of Care – Out of Rooms	Professional attendance at a place other than consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus. The number of patients seen, up to a maximum of six patients. (See MBS online for fee calculation)
261	Standard Diabetes Cycle of Care – In Rooms	Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the requirements for a cycle of care of a patient with established diabetes mellitus
262	Standard Diabetes Cycle of Care – Out of Rooms	Professional attendance at a place other than consulting rooms of more than 25 minutes but not more than 45 minutes , in duration by a medical practitioner in an eligible area, that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus. The number of patients seen, up to a maximum of six patients. (See MBS online for fee calculation)
263	Prolonged Diabetes Cycle of Care – In Rooms	Professional attendance at consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus
264	Prolonged Diabetes Cycle of Care – Out of Rooms	Professional attendance at a place other than consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area that completes the minimum requirements for a cycle of care of a patient with established diabetes mellitus. The number of patients seen, up to a maximum of six patients. (See MBS online for fee calculation)

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ASTHMA CYCLE OF CARE

ITEM	NAME	DESCRIPTION / RECOMMENDED FREQUENCY
265	Brief Asthma Cycle of Care – In Rooms	Professional attendance at consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements of the Asthma Cycle of Care
266	Brief Asthma Cycle of Care – Out of Rooms	Professional attendance at a place other than consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements of the Asthma Cycle of Care. The number of patients seen, up to a maximum of six patients. (See MBS online for fee calculation)
268	Standard Asthma Cycle of Care – In Rooms	Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements of the Asthma Cycle of Care
269	Standard Asthma Cycle of Care – Out of Rooms	Professional attendance at a place other than consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements of the Asthma Cycle of Care. The number of patients seen, up to a maximum of six patients. (See MBS online for fee calculation)
270	Prolonged Asthma Cycle of Care – In Rooms	Professional attendance at consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area, that completes the minimum requirements of the Asthma Cycle of Care
271	Prolonged Asthma Cycle of Care – Out of Rooms	Professional attendance at a place other than consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area that completes the minimum requirements of the Asthma Cycle of Care. The number of patients seen, up to a maximum of six patients. (See MBS online for fee calculation)

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HEALTH ASSESSMENTS

ITEM	NAME	DESCRIPTION / RECOMMENDED FREQUENCY
224	Brief Health Assessment	Professional attendance by a medical practitioner to perform a brief health assessment, lasting not more than 30 minutes and including: (a) collection of relevant information, including taking a patient history; and (b) a basic physical examination; and (c) initiating interventions and referrals as indicated; and (d) providing the patient with preventive health care advice and information
225	Standard Health Assessment	Professional attendance by a medical practitioner to perform a standard health assessment, lasting more than 30 minutes but less than 45 minutes , including: (a) detailed information collection, including taking a patient history; and (b) an extensive physical examination; and (c) initiating interventions and referrals as indicated; and (d) providing a preventive health care strategy for the patient
226	Long Health Assessment	Professional attendance by a medical practitioner to perform a long health assessment, lasting at least 45 minutes but less than 60 minutes , including: (a) comprehensive information collection, including taking a patient history; and (b) an extensive examination of the patient's medical condition and physical function; and (c) initiating interventions and referrals as indicated; and (d) providing a basic preventive health care management plan for the patient
227	Prolonged Health Assessment	Professional attendance by a medical practitioner to perform a prolonged health assessment (lasting at least 60 minutes) including: (a) comprehensive information collection, including taking a patient history; and (b) an extensive examination of the patient's medical condition, and physical, psychological and social function; and (c) initiating interventions or referrals as indicated; and (d) providing a comprehensive preventive health care management plan for the patient
228	Aboriginal and Torres Strait Islander Health Assessment	Professional attendance by a medical practitioner at consulting rooms or in another place other than a hospital or residential aged care facility, for a health assessment of a patient who is of Aboriginal or Torres Strait Islander descent—this item or item 715 not more than once in a 9 month period

CERVICAL SCREENING

ITEM	NAME	DESCRIPTION / RECOMMENDED FREQUENCY
251	Brief Consultation – In Rooms	Professional attendance at consulting rooms of less than 5 minutes in duration by a medical practitioner in an eligible area at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years
252	Standard Consultation – In Rooms	Professional attendance at consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years
253	Standard Consultation – Out of Rooms	Professional attendance at a place other than consulting rooms of more than 5 minutes, but not more than 25 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years. (See MBS online for fee calculation)
254	Long Consultation – In Rooms	Professional attendance at consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years
255	Long Consultation – Out of Rooms	Professional attendance at a place other than consulting rooms of more than 25 minutes, but not more than 45 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years. (See MBS online for fee calculation)
256	Prolonged Consultation – In Rooms	Professional attendance at consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years
257	Prolonged Consultation – Out of Rooms	Professional attendance at a place other than consulting rooms of more than 45 minutes in duration by a medical practitioner in an eligible area, at which a specimen for a cervical screening service is collected from the patient, if the patient is at least 24 years and 9 months of age but is less than 75 years of age and has not been provided with a cervical screening service or a cervical smear service in the last 4 years. (See MBS online for fee calculation)

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MENTAL HEALTH		
ITEM	NAME	DESCRIPTION / RECOMMENDED FREQUENCY
272	Standard Consultation - GP Mental Health Treatment Plan	Professional attendance by a medical practitioner (who has not undertaken mental health skills training) of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient
276	Long Consultation - GP Mental Health Treatment Plan	Professional attendance by a medical practitioner (who has not undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient
277	Review of GP Mental Health Treatment Plan	Professional attendance by a medical practitioner to review a GP mental health treatment plan which he or she, or an associated medical practitioner has prepared, or to review a Psychiatrist Assessment and Management Plan
279	Standard Consultation - Mental Health Consultation	Professional attendance by a medical practitioner in relation to a mental disorder and of at least 20 minutes in duration, involving taking relevant history and identifying the presenting problem (to the extent not previously recorded), providing treatment and advice and, if appropriate, referral for other services or treatments, and documenting the outcomes of the consultation
281	Standard Consultation - GP Mental Health Treatment Plan	Professional attendance by a medical practitioner (who has undertaken mental health skills training) of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient
282	Long Consultation - GP Mental Health Treatment Plan	Professional attendance by a medical practitioner (who has undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient
283	Standard GP Focused Psychological Strategies – In Rooms	Professional attendance at consulting rooms by a medical practitioner, for providing focused psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes
285	Standard GP Focused Psychological Strategies – Out of Rooms	Professional attendance at a place other than consulting rooms by a medical practitioner, for providing focused psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and lasting at least 30 minutes, but less than 40 minutes. (See MBS online for fee calculation)
286	Long GP Focused Psychological Strategies – In Rooms	Professional attendance at consulting rooms by a medical practitioner, for providing focused psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and lasting at least 40 minutes
287	Long GP Focused Psychological Strategies – Out of Rooms	Professional attendance at a place other than consulting rooms by a medical practitioner, for providing focused psychological strategies for assessed mental disorders by a medical practitioner registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service, and lasting at least 40 minutes. (See MBS online for fee calculation)

792	Non-directive pregnancy support counselling	Professional attendance of at least 20 minutes in duration at consulting rooms by a medical practitioner who is registered with the Chief Executive Medicare as meeting the credentialing requirements for provision of this service for the purpose of providing non-directive pregnancy support counselling to a person who: (a) is currently pregnant; or (b) has been pregnant in the 12 months preceding the provision of the first service to which this item or items 4001, 81000, 81005 or 81010 applies in relation to that pregnancy
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*Many patients will not require a new plan after their initial plan has been prepared. A new plan should not be prepared unless clinically required, and generally not within 12 months of a previous plan. Ongoing management can be provided through the GP Mental Health Treatment Consultation and standard consultation items, as required, and reviews of progress through the GP Mental Health Treatment Plan Review item. A rebate for preparation of a GP Mental Health Treatment Plan will not be paid within 12 months of a previous claim for the patient for the same or another Mental Health Treatment Plan item or within three months following a claim for a GP Mental Health Treatment Review (item 277), other than in exceptional circumstances.

+The recommended frequency for the review service, allowing for variation in patients' needs, is:

- an initial review, which should occur between four weeks to six months after the completion of a GP Mental Health Treatment Plan; and
- if required, a further review can occur three months after the first review.

In general, most patients should not require more than two reviews in a 12-month period, with ongoing management through the GP Mental Health Treatment Consultation and standard consultation items, as required.

AFTER HOURS

ATTENDANCE PERIOD			ITEM NO	BRIEF GUIDE
After Hours – In Rooms			733 (<5 mins 1 patient) 737 (5-25 mins 1 patient) 741 (25-45 mins 1 patient) 745 (>45 mins 1 patient) 761-769 (>1-6 patients)	<input type="checkbox"/> These items can only be used for the first patient. If more than one patient is seen on the one occasion, other items apply to a maximum of 6 patients
Mon-Fri 7am-8am or 6pm-11pm	Sat 7am-8am or 12noon-11pm	Sun & Pub Holidays 7am-11pm		
After Hours at a place other than consulting rooms			772 (<5 mins >1-6 patient) 776 (5-25 mins >1-6 patient) 788 (25-45 mins >1-6 patient) 789 (>45mins >1-6 patients)	<input type="checkbox"/> For consultations at the health centre, If more than one patient is seen on the one occasion, these items apply to a maximum of 6 patients
Mon-Fri Before 8am or after 6pm	Sat Before 8am or After 12pm	Sun & Pub Holidays All day		

VIDEO CONFERENCING

ITEM	NAME	DESCRIPTION / RECOMMENDED FREQUENCY
812	Brief Video Conferencing Consultation – In Rooms	Professional attendance at consulting rooms of at least 5 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) either: (i) is located both: (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); or (ii) is a patient of: (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service: for which a direction made under subsection 19(2) of the Act applies
827	Brief Video Conferencing Consultation – Out of Rooms	Professional attendance not in consulting rooms of at least 5 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) is not a care recipient in a residential care service; and (d) is located both: (i) within a telehealth eligible area; and (ii) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); for an attendance on one or more patients at one place on one occasion—each patient. (See MBS online for fee calculation)
829	Brief Video Conferencing Consultation - RACF	Professional attendance of at least 5 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is a care recipient in a residential care service; and (c) is not a resident of a self-contained unit; for an attendance on one or more patients at one place on one occasion—each patient. (See MBS online for fee calculation)
867	Standard Video Conferencing Consultation – In Rooms	Professional attendance at consulting rooms of less than 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) either: (i) is located both: (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); or (ii) is a patient of: (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service; for which a direction made under subsection 19(2) of the Act applies
868	Standard Video Conferencing Consultation – Out of Rooms	Professional attendance not in consulting rooms of less than 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) is not a care recipient in a residential care service; and (d) is located both: (i) within a telehealth eligible area; and (ii) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); for an attendance on one or more patients at one place on one occasion—each patient. (See MBS online for fee calculation)
869	Standard Video Conferencing Consultation - RACF	Professional attendance of less than 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is a care recipient in a residential care service; and (c) is not a resident of a self-contained unit; for an attendance on one or more patients at one place on one occasion—each patient. (See MBS online for fee calculation)

873	Long Video Conferencing Consultation – In Rooms	Professional attendance at consulting rooms of at least 20 minutes in duration (whether or not continuous) by a medical practitioner who provides clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) either: (i) is located both: (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); or (ii) is a patient of: (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service: for which a direction made under subsection 19(2) of the Act applies
876	Long Video Conferencing Consultation – Out of Rooms	Professional attendance not in consulting rooms of at least 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) is not a care recipient in a residential care service; and (d) is located both: (i) within a telehealth eligible area; and (ii) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); for an attendance on one or more patients at one place on one occasion—each patient. (See MBS online for fee calculation)
881	Long Video Conferencing Consultation - RACF	Professional attendance of at least 20 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is a care recipient in a residential care service; and (c) is not a resident of a self-contained unit; for an attendance on one or more patients at one place on one occasion—each patient. (See MBS online for fee calculation)
885	Prolonged Video Conferencing Consultation – In Rooms	Professional attendance at consulting rooms of at least 40 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) either: (i) is located both: (A) within a telehealth eligible area; and (B) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); or (ii) is a patient of: (A) an Aboriginal Medical Service; or (B) an Aboriginal Community Controlled Health Service; for which a direction made under subsection 19(2) of the Act applies
891	Prolonged Video Conferencing Consultation – Out of Rooms	Professional attendance not in consulting rooms of at least 40 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is not an admitted patient; and (c) is not a care recipient in a residential care service; and (d) is located both: (i) within a telehealth eligible area; and (ii) at the time of the attendance—at least 15 kms by road from the specialist or physician mentioned in paragraph (a); for an attendance on one or more patients at one place on one occasion—each patient. (See MBS online for fee calculation)
892	Prolonged Video Conferencing Consultation - RACF	Professional attendance of at least 40 minutes in duration (whether or not continuous) by a medical practitioner providing clinical support to a patient who: (a) is participating in a video conferencing consultation with a specialist or consultant physician; and (b) is a care recipient in a residential care service; and (c) is not a resident of a self-contained unit; for an attendance on one or more patients at one place on one occasion—each patient. (See MBS online for fee calculation)

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Desktop Guide to MBS Item Numbers



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