

 **HotDoc** | WEBINAR

Optimising MBS Billing for Sustainable General Practice

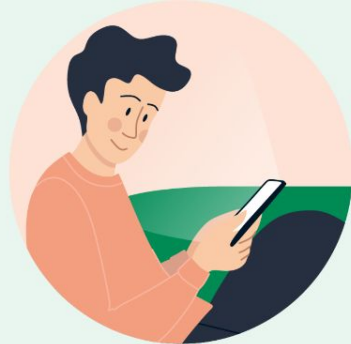


HOSTED BY
Wendy O'Meara
Primary Care Consultant



Thur 16th April
12:30pm AEST

Product Update 2026



Agnes So
CCPO
HotDoc



Nicole Humble
Product Manger
HotDoc

Thursday 21st May
12:30pm AEST

 **HotDoc** | CPD WEBINAR

When Admin, Nurses & GPs Pull Together: The Alignment Moves That Change Everything



HOSTED BY
Dr Sachin Patel

SMC
scale my
clinic



Thursday 30th April
12:30pm AEST










Flu Clinic Kit 2026

In the spirit of reconciliation, HotDoc acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community.

We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.



Housekeeping

-  This session is being recorded & will be sent to you 4-6 hours after this session has concluded along with the resources.
-  Use the Q&A tool on your screen to submit a questions through the session & we will address at the end.
-  In the “related content” you’ll find our further feedback form.
-  Your certificate of attendance will be accessible at the 40 min mark, you can access via the  certificate icon on your console.
-  Have a play around with the console/ icons on your screen for an interactive experience.
-  Please take some time to complete our feedback survey to let us know what you thought of today’s session.

Learning Objectives



- Understand the different types of Medicare-funded health assessments available in Australian general practice and apply Medicare compliance requirements.
- Discuss the items available to general practice for long term management of our patients with Chronic Disease including care planning, case conferencing and medication reviews.
- Understand claiming requirements for billing multiple items and how we can maximise MBS revenue from these.
- Explore the common underused item numbers and the importance of accurate documentation when billing to prevent rejections.

Health Assessments



Why conduct a Health Assessment?

Early detection = better health outcomes

- A health assessment helps identify risk factors and early signs of disease (e.g. diabetes, cardiovascular risk, mental health concerns) before symptoms develop—allowing for earlier intervention and prevention of more serious illness.

Personalised, proactive care

- Patients receive a tailored snapshot of their overall health, including lifestyle, physical and psychosocial factors—supporting individualised advice, goal setting, and care planning rather than reactive, problem-based care.

Better coordination and continuity of care

- Health assessments create a clear plan for follow-up, including recalls, referrals (e.g. allied health), and preventive screening—helping patients stay connected, supported, and engaged with their general practice over time.

| Type of assessment | Pt. eligibility | Frequency |
|--|--|---|
| 75 years or older | 75+ years old | Annual |
| Comprehensive medical assessment – RACH | Permanent resident of a residential aged care facility | Annual |
| Intellectual disability | Intellectual function 2 standard deviations below the average IQ, and would benefit from assistance with daily living activities | Annual |
| Aboriginal & Torres Strait Islander* | Self-identifies as Aboriginal and/or Torres Strait Islander | 9 monthly |
| Type 2 diabetes risk evaluation (40-49) | 40-49 years old, identified as 'high risk' of diabetes identified through AUSDRISK tool | Once every 3 years |
| 45-49 health check | At risk of developing a chronic disease (specific risk factor identified) | Once only |
| Refugees & other humanitarian entrants | Within 12 months of arrival or grant of visa 200-204, 070, 695, 786, 866 | Once only |
| Veteran Health Check 2 separate opportunities | Former serving members of permanent or reserve forces Annual for 5 years MT701-705 Once off: 701-707 | Once Off OR annually for 5 years post discharge |
| Healthy Heart Check* | Any age- with or at risk of developing CVD Age: 30+ | Annual |
| Menopause/Peri Menopause | Health Assessment to support patients to receive appropriate symptom management | Annual |

| | | |
|--|--------------|----------|
| Brief Health Assessment - less than 30 minutes duration | 701 | \$69.20 |
| Standard Health Assessment more than 30 minutes but less than 45 minutes | 703 | \$160.85 |
| Long Health Assessment more than 45 minutes but less than 60minutes | 705 | \$222.00 |
| Prolonged Health Assessment more than 60 minutes duration | 707 | \$313.60 |
| Aboriginal and Torres Strait Islander people's health assessment- any age | 715 | \$247.65 |
| Healthy Heart Check- duration minimum 20 minutes | 699 | \$84.90 |
| Menopause/Peri Menopause- duration minimum of 20 mins | 695 | \$101.90 |
| DVA Veterans Health Check- yearly for 5 years post discharge | MT701 -MT707 | \$360.95 |

Health Assessment for MBS compliance

Mandatory components (compliance requirements)

To be Medicare-compliant, the health assessment must include:

Information collection

- Medical history (including medications, family, lifestyle)
- Risk factor assessment (e.g., smoking, BMI, alcohol)
- Social, Physiological, physical & functional assessment (ADL's, falls, memory/mood)
- Continence,

Examination / investigations

- Physical exam
- Ordering or reviewing investigations if needed

Overall assessment

- Clinical interpretation of findings

Preventive plan

- Identify interventions, screening, immunisations, referrals

Patient advice

- Education + discussion of results

Documentation

- Record of assessment
- Offer written summary to patient

NB: updated 1/3/26 to remove reference to outdated screening and tests- see link in references

Healthy Heart Check- Item 699

- The Heart Health Check items cannot be claimed if a patient has had another health assessment in the previous 12 months.
- However, if another health assessment item is claimed first, e.g. 701-707, it can then be claimed.
- However, an ATSI health assessment (item 715) is a separate service and can be billed in conjunction with a Heart Health Check, as long as the Heart Health Check is conducted **after** the ATSI health assessment.
- MBS rebate \$84.90

Menopause/Perimenopause health Assessment

July 1, 2025

- Menopause/Perimenopause Health Assessment to support patients to receive appropriate symptom management
- Patients experiencing:
 - Premature ovarian insufficiency
 - Early menopause
 - Peri-menopause
 - Menopause

What's required?

Collection of information

- Determine pre/peri or post menopausal symptoms
- Patients well being and contraindications for management
- Basic physical exam including blood pressure, height and weight
- Initiate investigations and referrals as clinically needed
 - Cervical screening
 - Mammography
 - Bone densitometry
- Discussion of management options including both pharmacological and non-pharmacological
- Implement a patient centered management plan
- Provide preventative health care (SNAP)

Menopause/Perimenopause health Assessment

- MBS item number 695
- Minimum 20 mins
- Funded for 2 years initially
- MBS rebate \$101.90
- Can be done annually

Health Assessments- billing multiple items in same year- Can we?

- Patients may be eligible for multiple health assessments in the same 12-month period, and this is recognised under the MBS.
- Annotating your claim with specific health assessment will prevent rejections e.g. 699 Healthy Heart Check and 707 for 45-49yo.
- *699 and 715 can be co-claimed- No restrictions
- *699 and 695 can be co-claimed- same day or separate attendances
- *699,695 and 707 can be co-claimed, if performed on same day. If performed on separate occasions, 699 must always be billed first.
- You can also co-bill the following:
 - 699,695,965

Don't take my word for it..


Extract from MBS online

- All MBS requirements must be met, such as time spent, appropriate information collected, patient consent and eligibility met.

My patient is eligible for more than one category of health assessment. Which health assessment should I do?

Patients can receive each health assessment they are eligible for. For example, a 42 year old patient with an intellectual disability who is also found to be at high risk of developing type 2 diabetes as determined by the Australian Type 2 Diabetes Risk Assessment Tool can receive:

- a health assessment for a person with an intellectual disability annually, and
- a type 2 diabetes risk evaluation every 3 years until they are 49 (inclusive).

Where the patient is eligible for more than one health assessment there is no minimum interval of time between the provision of the different health assessments. Where patients are eligible for more than one health assessment practitioner should ensure they identify which target group the health assessment relates to when submitting claims to Services Australia. Additional information on claiming limits is available on the [Services Australia - Health assessments and your record keeping responsibilities](#)  webpage.

Examples of Multiple billings

- Billing Menopause Health assessment, Healthy Heart Check and GPCCMP

| | | | | | | | |
|------------|---------|---------|---|--------------------|------|--------|--------|
| 24/02/2026 | 1032151 | 1169781 | Menopause and Perimenopause Health Assessment 695 | Medicare Australia | Paid | 101.90 | 101.90 |
| 24/02/2026 | 1032151 | 1169782 | Direct-Billing Incentive 75855 | Medicare Australia | Paid | 11.70 | 11.70 |
| 24/02/2026 | 1032151 | 1169783 | Health Assessment, Prolonged 707 | Medicare Australia | Paid | 313.60 | 313.60 |
| 24/02/2026 | 1032151 | 1169784 | Direct-Billing Incentive, NDS, 09:45 75855 | Medicare Australia | Paid | 11.70 | 11.70 |
| 24/02/2026 | 1032154 | 1169786 | GP chronic condition management plan, Third Serv 965 | Medicare Australia | Paid | 156.55 | 156.55 |
| 24/02/2026 | 1032154 | 1169787 | Direct-Billing Incentive, NDS, 09:45, All services perf 75855 | Medicare Australia | Paid | 11.70 | 11.70 |

- Billing Menopause Health assessment and healthy heart check

| | | | |
|------------|---------|---------|---|
| 05/03/2026 | 1035187 | 1172946 | Menopause and Perimenopause Health Assessment 695 |
| 05/03/2026 | 1035187 | 1172947 | Direct-Billing Incentive, All services performed on sar 75855 |
| 05/03/2026 | 1035187 | 1172948 | GP Heart Health Assessment, Second Service for da 699 |
| 05/03/2026 | 1035187 | 1172949 | Direct-Billing Incentive, NDS, 10:43, All services perf 75855 |

| | | | |
|--------------------|------|--------|--------|
| Medicare Australia | Paid | 101.90 | 101.90 |
| Medicare Australia | Paid | 11.70 | 11.70 |
| Medicare Australia | Paid | 84.90 | 84.90 |
| Medicare Australia | Paid | 11.70 | 11.70 |

Aboriginal/Torres Strait Islander health assessment

Conducted every 9 months of any age (updated 1/3/26 to remove age group requirements.)

- Appropriate templates should be used for each age group
- Should include diabetes risk assessment
- Can be completed via telehealth (92004)
- Can be co-claimed with Healthy Heart Check (699)

Aboriginal/Torres Strait Islander health assessment

- Referral to up to 10 additional PN or AHW services
- Enrolment in PIP Indigenous health incentive
- Enrolment in "Closing the Gap PBS Scheme"
- No designated time or complexity
- Particularly recommended for children of pre-school age as it provides a comprehensive of the child's health

PIP Indigenous Health Incentive

- Must have Chronic disease or Mental Health condition
- Registration through PRODA yearly (after 1.1.25 will be lifelong registration)
- PIP sign on payment \$1000.00
- Ongoing yearly payments- tiered (1.1.25)
 - Tier 1-\$100.00-Care plan/MH Plan & at least 1 review
 - Tier 2-\$300.00- minimum of 5 eligible services (tier 1 services included)

Closing the Gap PBS Co-payment scheme

Eligibility:

The closing the gap PBS co-payment program is available to aboriginal and Torres strait islander people of any age who are registered with Medicare.

“The patient, In the opinion of a prescriber or aboriginal health practitioner would:”

- “Experience setbacks in the prevention or ongoing management of a condition if the person did not take the prescribed medicine; and
- Are unlikely to adhere to their medication regime without assistance through the program.”
- Provision of either
 - Subsidized or Free medication

Chronic Condition Management



Chronic Condition Management

- Care planning provides a structured, culturally safe, and proactive approach to managing health needs for our patients.
- When done well, it
 - strengthens relationships,
 - improves health outcomes, and
 - supports continuity of care across the health system.

Chronic Condition Management

Supports Management of Chronic Condition

- Provides a clear, documented plan for conditions such as diabetes, cardiovascular disease, respiratory disease, and mental health.
- Coordinates multidisciplinary input (GP, nurse, AHW/AHP, allied health, specialists).
- Enables tracking of progress and structured review appointments.

Item numbers 1.7.25

| Name of Item | GP item number | Prescribed medical practitioner item number |
|---|----------------|---|
| Develop a GP chronic condition management plan – face to face | 965-\$156.55 | 392-\$125.30 |
| Develop a GP chronic condition management plan - telehealth | 92029-\$156.55 | 92060-\$125.30 |
| Review a GP chronic condition management plan – face to face | 967-\$156.55 | 393-\$125.30 |
| Review a GP chronic condition management plan – telehealth | 92030-\$156.55 | 92061-\$125.30 |

Some facts:

- No longer require the EPC referral, standard referral letter is adequate- standardisation of referrals
- Patients registered with MyMedicare can only have this service performed by GP they register with, however:
- If not registered, this can be performed by any GP at the same practice the patient is registered, or the patients "regular GP"

Referrals to Allied Health

Referrals do not need to:

- Specify the name of the allied health provider to provide the services.
 - For example, a patient can take a referral to physiotherapy services under their GP chronic condition management plan to a physiotherapist of their choice.
 - NB Acceptance of a referral is at the discretion of the individual practitioner, subject to anti-discrimination legislation.

Referrals to Allied Health

- Specify the number of services to be provided.
- Referrals can be signed and transmitted electronically, reducing lost referrals
- Requirements for allied health providers to report back to the referring practitioner at certain points (e.g. after the first and last service under a referral) have not changed

To Note:

- Patient will need to have their GP chronic condition management plan prepared or reviewed in the previous 18 months to continue to receive allied health services
- Same MBS claiming requirements (minimum claiming intervals)
- Patients who have 721/723 in place as at 1.7.25 can continue to claim services for 2 years
- 1.7.27 new items replace any existing plans
- 1.7.26 must have GPCCMP to access HMMR

Nurse Items for Chronic Disease

MBS Item 10997:

- This item can be claimed when a practice nurse or AHP provides monitoring and support services for a patient with a CDM plan, on behalf of the medical practitioner
- 5 per calendar year
- Service provided must be directly related to the patient's chronic disease
- MBS rebate \$14.00

MBS Item 93201 (video) and 93203 (phone)

- Phone attendance by a Practice Nurse, AHW or AHP to a person with Chronic Disease.
- The person has in place:
 - a GPCCMP
 - Until 30/6/27 a current 721/723 prepared prior to July 1,2025
 - The service is consistent with the plan or arrangements

MBS Rebate- \$14.10

Did you know....

MBS item10983:

- Attendance by a practice nurse, an Aboriginal and Torres Strait Islander health worker or an Aboriginal and Torres Strait Islander health practitioner on behalf of, and under the supervision of, a medical practitioner, to provide clinical support to a patient who:
 - (a) is participating in a video conferencing consultation with a specialist, consultant physician or psychiatrist; and
 - (b) is not an admitted patient
- MBS rebate \$37.85

Eligibility

To be eligible patient must have:

- Clinical diagnosis of anorexia nervosa AND 2 of the following:
 - Body weight less than 85% or expected weight because of an eating disorder
 - High risk of, or current medical complications due to ED
 - Serious comorbid medical or psychological conditions that significantly impact their health
 - Hospital admission for ED in the last 12 months
 - Inadequate treatment response to evidence-based eating disorder treatment over the last 6 months

Eligibility

- Be diagnosed with bulimia nervosa, binge-eating or other feeding or eating disorder
- A score of 3 or more on the Eating Disorder Examination Questionnaire (EDE-Q)
- Rapid weight loss or binge-eating or inappropriate compensatory behaviour 3 or more times per week
- Patient must complete EDE-Q (this can be done prior to attendance for plan

Eligibility

- EDP provides patient with 40 individual psychological sessions and 20 dietetic services in a 12-month period.
- You must create a treatment and management plan before the patient can claim Medicare benefits for ED services
- Treatment and Management plans document:
 - Diagnosis of the patients eating disorder
 - Patients' goals, treatments and referrals for the next 12 months
 - Separate referrals are generated for each provider

Eligibility

- After each course of treatment (10 sessions) the relevant practitioner should provide a written report to inform the review and indicate patient progress.
- Review must be completed after each group of 10 sessions to access further services.
- To continue beyond 20 sessions, the third review must be completed by a consultant Paediatrician or consultant Psychiatrist. (can be Telehealth)
- Final review completed by GP
- Specialist review can be at any stage during process, and recommendations is that it be early in the treatment.

Eating disorder plan item numbers

| Practitioner | Qualification | Time | Item # | \$(100%) |
|--------------|---------------------|------------|--------|----------|
| GP / OMP | Without MH training | 20-30 mins | 90250 | \$83.65 |
| | | | 90254 | \$66.90 |
| GP / OMP | Without MH training | 40+ mins | 90251 | \$123.15 |
| | | | 90255 | \$98.50 |
| GP / OMP | With MH training | 20-30 mins | 90252 | \$106.20 |
| | | | 90256 | \$84.95 |
| GP / OMP | With MH training | 40+ mins | 90253 | \$156.45 |
| | | | 90257 | \$125.20 |
| GP / OMP | Review | 20+ mins | 90264 | \$86.35 |
| | | | 90265 | \$66.90 |
| | | | | |

Initial Assessment and Care Plan

- GP or paediatrician or psychiatrist
- “Eating Disorder Plan”

10 EDPT + 20 dietetics services

- EDPT = ED Psychological Treatment
- GP review required for more

Managing practitioner review after 10 EDPT

- Referral for more EDPT if necessary

Second set of 10 EDPT

GP and psychiatrist / paediatrician review after 20 EDPT

- Referral for more EDPT if necessary

Third set of 10 EDPT

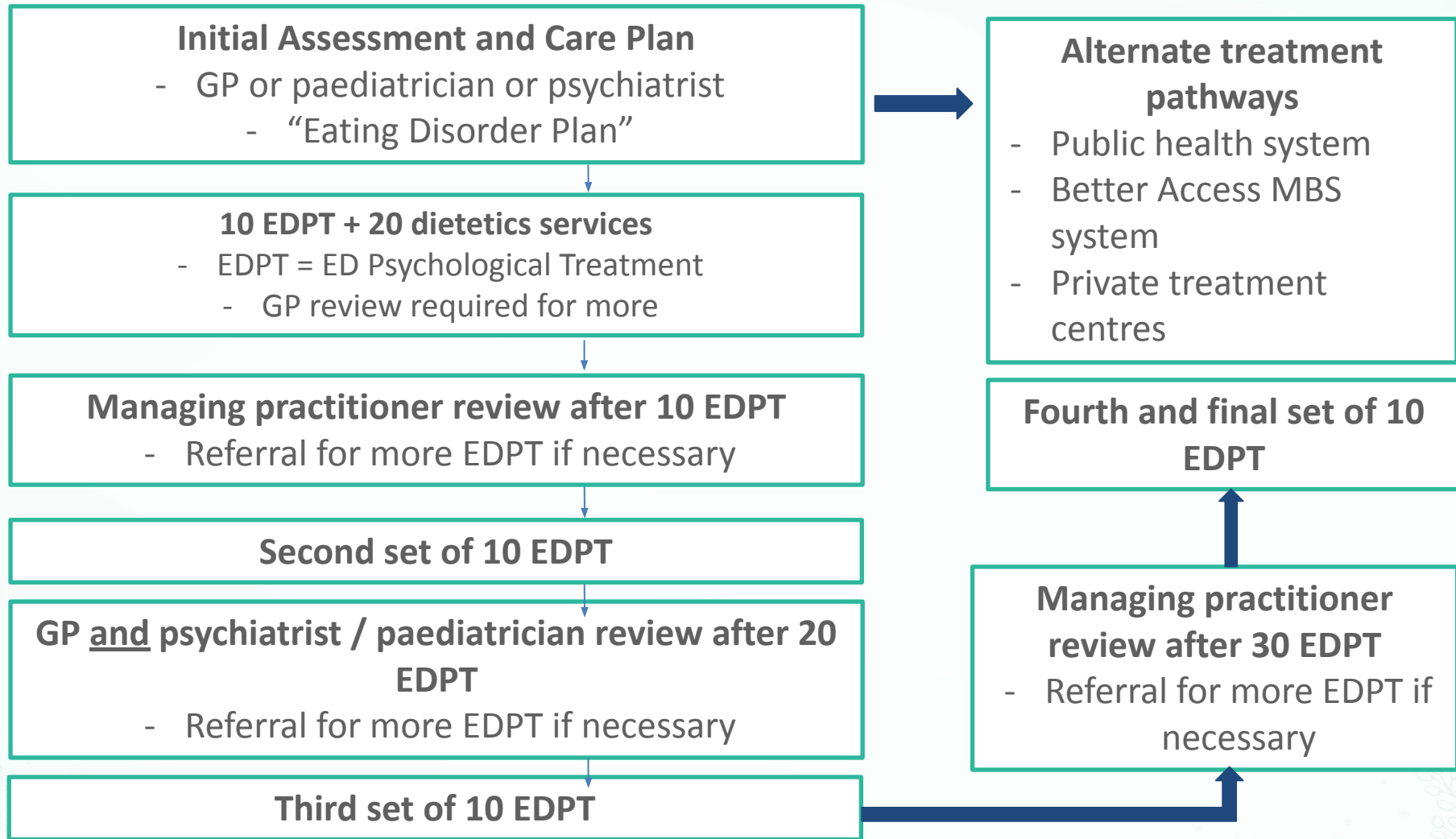
Alternate treatment pathways

- Public health system
- Better Access MBS system
- Private treatment centres

Fourth and final set of 10 EDPT

Managing practitioner review after 30 EDPT

- Referral for more EDPT if necessary



Just a reminder...

1. Removal from MBS of item 2712 and 2713- standard consult item numbers to be used
2. Referrals to Better Access will be required to be made by GP at:
 - A persons MyMedicare-registered practice OR
 - Their usual GP if they aren't registered

Also worth knowing

New time tiered MBS items to allow allied health providers to deliver up to two Medicare subsidized services per calendar year to families or carers

- Patient referred under Better Access
- Treating or referring practitioner deems it clinically appropriate
- Patient consents as part of their treatment
- The patient is NOT in attendance
- Introduced in recognition of role family and carers play in supporting patients with mental illness
- Positively involves family and carer in patients' treatment
- Will count in the 10 sessions available
- Can be via telehealth

Case Conferencing-MBS

Eligibility

- Patients with chronic or terminal conditions that have complex needs

At least 2 other providers (minimum of 3)

- Allied health
- Specialist
- Community services
- Another general practitioner or Practice Nurse providing alternative services
- Family/carer can be present but does not count towards minimum number
- Patient does not have to be present

Case Conferencing Process

- The process is the same for all categories of case conferences
- Discuss a patient's history;
- Identify the patient's multidisciplinary care needs
- Identify outcomes to be achieved by each team member
- Identify tasks that need to be undertaken to achieve these outcomes, and allocate those tasks to members of the case conference team
- Assess whether previously identified outcomes (if any) have been achieved.

Allied health Case Conferencing

1st November 2021- 3 item numbers for allied health to participate in case conferencing

- Managed under multidisciplinary care plan
- Instigated by treating GP
- No “existing relationship” rule
- Every 3 months
- 2 additional providers
- Can be telephone/telehealth

MBS rebates

| MBS item number | Time spent | Organise or Participate | MBS Rebate |
|-----------------|--------------|--------------------------------|------------|
| 735 | 15-20 mins | GP organise | \$82.50 |
| 739 | 20-40 mins | GP organise | \$141.05 |
| 743 | 40mins plus | GP organise | \$235.15 |
| 747 | 15-20mins | GP Participate | \$60.60 |
| 750 | 20-40 mins | GP Participate | \$103.90 |
| 758 | 40 mins plus | GP Participate | \$172.85 |
| 10955 | 15-20 mins | Allied Health-Participate Only | \$48.45 |
| 10957 | 20-40 mins | Allied Health-Participate Only | \$83.10 |
| 10959 | 40mins plus | Allied Health-Participate Only | \$138.25 |

Mental Health Case Conferencing

Mental Health Case Conferencing

- Patient referred under Better Access or has Eating Disorder Plan
- GP, Psychiatrist or Paediatrician organise and co-ordinates
- 2 other members of multi-disciplinary team present
- Patient agrees
- Time-tier based
- Promotes communication between teams

Mental Health Case Conferencing

- Ensures equal access to case conferencing for patients with mental health
- Patient can choose if they wish to attend
- Can be via telehealth
- Pre-existing relationship exempt

MBS Rebates

| MBS item number | Time spent | Organise or Participate | MBS Rebate |
|-----------------|--------------|-------------------------|------------|
| 930/969 | 15-20 mins | GP organise | \$82.50 |
| 933/971 | 20-40 mins | GP organise | \$141.05 |
| 935/972 | 40mins plus | GP organise | \$235.15 |
| 937/973 | 15-20mins | GP participate | \$60.60 |
| 943/975 | 20-40 mins | GP participate | \$103.90 |
| 945/986 | 40 mins plus | GP participate | \$172.85 |

What can
and can't be
billed
together in
MBS



What can be co-billed?

- Care plans and health assessments
- Care plans and Mental Health Treatment plans
- Health assessments and Mental Health Treatment plans
- Standard consult and Mental Health plan
- Criteria for each item number must be met.

Example of what is possible

Patient attends with a diabetes who in in one of the eligible health assessment categories, is taking 5 or more medications

- 965- GPCCMP- \$156.55
- 707- Health assessment-\$313.60
- 11714- ECG-\$24.05
- 11610-ABI- \$63.20 x 2 (if doing both ankle and wrist)
- 900- Medication review (has been previously completed)-\$180.65

Total \$871.45 with BB incentives

Pregnancy related item numbers



Nondirective Pregnancy Counselling- Item 4001

- 20 minutes minimum
- Credentialed to provide this service
- Pregnancy support counselling to a patient who:
 - Is currently pregnant
 - Has been pregnant in the preceding 12 months
- Help patients explore concerns they have about a current or previous (12months prior) pregnancy
- 3 services per pregnancy
- Includes pregnancy related concerns, parenting and post partum depression
- Rebate \$89.35

Planning and managing Pregnancy

- Item 16591
- Pregnancy has progressed past 28 weeks
- Includes mental health assessment including screening for drug and alcohol abuse and domestic violence
- Practitioner is providing shared antenatal care but not intending to undertake the birth
- Rebate: \$141.45

Antenatal Care

- Item 16500
- Can be billed at initial consult where pregnancy is identified
- Can be via Telehealth
- Routine antenatal attendances
- Co billing is available
- Rebate: \$46.75

Commonly underused MBS items in General Practice



ABI- Ankle/Brachial Indices

ABI- Ankle and Wrist (MBS:11610/11611)

- Measurement of ankle/wrist brachial indices and arterial waveform analysis
- Valuable in diagnosis of PVD
- Quick, easy and non-invasive
- Early detection through ABI allows or timely interventions, treatments and potentially preventing complications.

- \$63.20

Spirometry

Spirometry

- Lung function test
- Should be adequately trained

11505- used for original diagnosis of asthma/COPD or other airway limitations

- Billed once per year with 3 acceptable readings with rebate of \$40.85

11506:- used for monitoring these conditions after diagnosis has been established.

- Can be billed when required with rebate of \$20.40
 - only requires one reading

Home Medication Reviews

- The patient is living in a community setting
- The patient is at risk of, or experiencing, medication misadventure
- 5 or more medications
- 12 or more doses
- Significant change in medication
- Recent hospital admission
- Item 900/245- \$180.65

ECG- Updated

- 11707- Twelve-lead electrocardiography, trace only, by a medical practitioner, if:
 - (a) the trace is provided to a specialist or consultant physician for a formal report
 - MBS rebate: \$18.25
- 11714- the trace is required to inform clinical decision making during or following an attendance by the medical practitioner
 - MBS rebate:\$24.05

Blood Borne Virus/Sexual or reproductive Health Telephone consults

| MBS Item | Duration | MBS rebate |
|----------|---------------------------------------|------------|
| 92731- | Not more than 5 minutes | \$20.05 |
| 92734 | More than 5 mins less than 20 minutes | \$43.90 |
| 92737 | More than 20 mins less than | \$84.90 |
| 92740 | At least 40 mins | \$125.10 |

Phone service for the provision of services related to blood borne virus, sexual or reproductive health by a general practitioner

Changes to Long-Acting Reversible Contraceptive

November 1, 2025

Four existing MBS items for insertion/removal of LARC will have their MBS fees increased.

The items are:

- 35503- was \$77.65 now \$183.55
- 14206-was \$34.50 now \$85.35
- 30062-was \$58.85 now \$89.40

Introduction of incentive number if service is Bulk Billed

- 35501- calculates 40% of rebate and must be added manually
- Can be billed twice if 14206 and 30062 are claimed

Hormone Implant- Zoladex

- This is a routine service completed in General Practice but is often not billed correctly
- Item 14206 (hormone implant insertion) can be used for this procedure
- Can be co-billed if additional service performed
- While it shares the same item as Implanon, this is not considered a contraceptive, but a hormone therapy, and should not have the 35501 attached.
- MBS rebate: \$85.35

Steroid Injection to skin Lesion

What it means:

- You are injecting steroid (cortisone) into skin lesions
- You are treating more than one lesion OR doing multiple injections

You can bill 30207 when:

- The patient has skin lesions (e.g., keloids, hypertrophic scars, inflammatory lesions)
- You give steroid injections into the skin
- You perform multiple injections during the visit

MBS rebate:\$39.00

Disability Assessment

Item 139

- Complex neurodevelopmental disorders and disability assessment
- 1.3.25 list of eligible disabilities expanded to include:
 - Stuttering
 - Speech Sound Disorder (SSD)
 - Cleft conditions
- Eligible patients can access MBS subsidies for allied health diagnosis and treatment services

Disability Assessment

GPs may refer patients suspected of having stuttering, SSD, or cleft conditions to allied health professionals for assistance with diagnosis and contribution to a treatment and management plan

- Maximum of 8 services can be claimed per lifetime
- After completion of the final assessment service by an eligible allied health practitioner, a written report must be provided to the referring eligible medical practitioner that outlines the assessment findings

The written report must include:

- the assessment/s provided;
- the results of the assessment/s that may assist with diagnostic formulation or development of a treatment and management plan by the referring eligible medical practitioner; and
- if applicable, advice on further assessments that could be undertaken by other eligible allied health practitioners to assist with the development of a treatment and management plan by the referring eligible medical practitioner.
- MBS rebate \$156.95

Patient End Support (1.3.26)

From 1 March 2026, Medicare Benefits Schedule (MBS) patient end support (PES) items were introduced for general practitioners.

- MBS PES items are for face-to-face clinical support to patients during video consultations with a private specialist or consultant physician
- Items available for patient's primary provider
- They are designed to enable patients to access video consultations, optimising care, while also improving the avenue for communication between care-team members.

Patient End Support Item Numbers

| Service | In Consultation rooms | Outside consulting rooms | In residential aged care facilities |
|---|-----------------------|--------------------------|-------------------------------------|
| Attendance 6 minutes less than 20 | 2484-\$63.90 | 2485-\$74.15 | 2486-\$63.90 |
| Attendance lasting at least 20 minutes less than 40 minutes | 2487-\$104.90 | 2488-\$115.15 | 2489-\$104.90 |
| Attendance lasting at least 40 minutes less than 60 minutes | 2490-\$145.10 | 2491-\$152.75 | 2492-\$145.10 |
| Attendance lasting at least 60 minutes | 2493-\$222.65 | 2494-\$232.90 | 2495-\$222.65 |

Other handy items to be aware of:

- 41677- Nasal Haemorrhage- arrest of during epistaxis by cauterisation or nasal cavity packing or both \$89.25
- 41659-Removal of foreign body from Nose other than simple probing-\$76.90
- 41500- Removal of foreign body from ear, other than by simple syringing- \$81.80
- 42644- Complete removal of embedded foreign body in eye- \$71.55
- 30219- Drainage of abscess, haematoma requiring incision- \$27.15
- 160-consult of 1-2 hours for patient in imminent danger of death- \$258.45

Medicare Update

From 1 July 2025, MBS item for urine testing (69333) will be amended to reduce clinically unnecessary testing

- Urine testing and examination are only required when symptoms of a urinary tract infection or kidney disease are present.

Exceptions:

- Pregnant
- Less than 16 years of age
- Recipients of renal transplants
- Suffering from recurrent urinary tract infections
- Being investigated or monitored for kidney disease
- Undergoing urinary tract instrumentation, urological procedures, or transurethral resection of the prostate

APRIL 2026 COMMON ITEMS NUMBERS

| DESCRIPTION | ITEM NO (F2F) | Private | Conc | Rebate |
|--|---------------|----------|----------|----------|
| CONSULTATION FEES | | | | |
| Consultation Level A | 3 | \$62.00 | \$52.00 | \$20.05 |
| Consultation Level B | 23 | \$100.00 | \$90.00 | \$43.90 |
| Consultation Level C | 36 | \$175.00 | \$165.00 | \$84.90 |
| Consultation Level D | 44 | \$225.00 | \$215.00 | \$125.10 |
| Consultation Level E (60 mins +) | 123 | \$325.00 | \$315.00 | \$202.65 |
| Prolonged consult- Imminent death (1-2 hours) | 160 | \$410.00 | \$400.00 | \$256.45 |
| Prolonged consult- Imminent death (2-3hours) | 161 | \$600.00 | \$550.00 | \$430.65 |
| CONSULTATION FEES- Telephone | | | | |
| Consultation Level A | 91890 | \$62.00 | \$52.00 | \$20.05 |
| Consultation Level B | 91891 | \$100.00 | \$90.00 | \$43.90 |
| Consultation Level C | 91900 | \$175.00 | \$165.00 | \$84.90 |
| Consultation Level D | 91910 | \$225.00 | \$215.00 | \$125.10 |
| CONSULTATION FEES-Telehealth | | | | |
| Consultation Level A | 91790 | \$62.00 | \$52.00 | \$20.05 |
| Consultation Level B | 91800 | \$100.00 | \$90.00 | \$43.90 |
| Consultation Level C | 91801 | \$175.00 | \$165.00 | \$84.90 |
| Consultation Level D | 91802 | \$225.00 | \$215.00 | \$125.10 |
| Consultation Level E (60 mins +) | 91920 | \$325.00 | \$315.00 | \$202.65 |
| CONSULTATION FEES- After hours and Weekend | | | | |
| Consultation Level A | 5000 | \$100.00 | \$90.00 | \$33.80 |
| Consultation Level B | 5020 | \$123.00 | \$113.00 | \$67.15 |
| Consultation Level C | 5040 | \$200.00 | \$190.00 | \$96.00 |
| Consultation Level D | 5060 | \$250.00 | \$240.00 | \$137.40 |
| Consultation Level E (60 mins +) | 5071 | \$360.00 | \$350.00 | \$233.40 |
| HOME/HOSPITAL VISITS | | | | |
| Consultation Level B | 24 | \$150.00 | \$140.00 | \$74.60 |
| Consultation Level C | 37 | \$250.00 | \$240.00 | \$115.60 |
| Consultation Level D | 47 | \$300.00 | \$290.00 | \$155.80 |
| Consultation Level E (60 mins +) | 124 | \$400.00 | \$390.00 | \$233.35 |
| AFTER HOURS IN SURGERY VISIT | | | | |
| In surgery visit other than attendance between 11pm & 7am | 585 | \$357.00 | \$347.00 | \$151.45 |
| In surgery attendance between 11pm & 7am | 599 | \$400.00 | \$390.00 | \$178.50 |
| AFTER HOURS PRIVATE HOME VISIT | | | | |
| Consultation Level B – before 8am and after 6pm | 5023 | | | \$87.45 |
| Consultation Level C– before 8am and after 6pm | 5043 | | | \$128.30 |
| Consultation Level D– before 8am and after 6pm | 5063 | | | \$167.70 |
| Consultation Level E- before 8am and after 6pm | 5067 | | | \$191.95 |
| BULK BILLING INCENTIVES/ NURSE ITEM NUMBERS | | | | |
| Bulk Billing Concession for pathology services | 74991 | | | \$10.40 |
| Chronic disease management – nurse service | 10987 | | | \$14.00 |
| Patient End Telehealth- Nurse item number | 10683 | | | \$37.85 |
| Mirena Insertion BB incentive (40% loading) | 35501 | | | |
| RACF | | | | |
| Nursing Home call out fee (once per visit) | 90001 | | | \$64.15 |
| Level A Consultation at Residential Aged Care Facility | 90020 | | | \$20.05 |
| Level B Consultation at Residential Aged Care Facility | 90035 | | | \$43.90 |
| Level C Consultation at Residential Aged Care Facility | 90043 | | | \$84.90 |
| Level D Consultation at Residential Aged Care Facility | 90051 | | | \$125.10 |
| Level E Consultation at Residential Aged Care Facility | 90054 | | | \$202.65 |
| Level B - A/H consult at Residential Aged Care Facility | 5028 | | | \$111.70 |
| Level C -A/H consult at Residential Aged Care Facility | 5049 | | | \$152.55 |
| Level D -A/H consult at Residential Aged Care Facility | 5067 | | | \$191.95 |
| Level E - A/H consult at Residential Aged Care Facility | 5077 | | | \$287.95 |
| OBSTETRIC ITEMS | | | | |
| Antenatal Service | 16500 | \$120.00 | \$110.00 | \$46.75 |
| Planning and managing Pregnancy (28 weeks-antenatal) | 16591 | | | \$141.45 |
| Postnatal 4-8 weeks- including mental health check | 16407 | \$170.00 | \$160.00 | \$71.15 |
| Non-directive Pregnancy Counselling- least 20 mins with GP who has completed training (pregnant or has been in past 12/12- up to 3 | 4001 | \$180.00 | \$170.00 | \$89.35 |

| DESCRIPTION | ITEM NO (F2F) | Private | Conc | Rebate |
|--|---------------|----------|----------|----------|
| Diagnostic Items | | | | |
| Spirometry | 11506 | | | \$20.40 |
| Spirometry- diagnostic for COPD/Asthma- once a year | 11505 | | | \$40.85 |
| ECG- Trace Only | 11707 | | | \$18.25 |
| Pregnancy Test | 73806 | | | \$8.65 |
| 24 Hour Ambulatory Blood Pressure Monitoring (1/11/21) | 11607 | | | \$102.10 |
| Brachial Index (ABI)-Ankle | 11610 | | | \$63.20 |
| Brachial Index (ABI)-Wrist | 11611 | | | \$63.20 |
| Nasal Cauterisation | 41677 | \$189.25 | \$289.25 | \$89.25 |
| Drainage of Abscess | 30219 | \$127.15 | \$117.15 | \$27.15 |
| Liquid Nitrogen- If proven by Histo- Malignant- less than 10 | 30202 | \$147.90 | \$137.90 | \$47.90 |
| Skin Lesions multiple injection with Hydrocortisone | 30207 | \$139.00 | \$129.00 | \$44.20 |
| Venesection | 13757 | \$272.35 | \$172.35 | \$72.35 |
| Incision of Perianal Thrombosis | 32147 | \$144.75 | \$134.75 | \$44.75 |
| MEDICATION REVIEWS | | | | |
| Residential Medication Management Review (12mths) | 903 | | | \$123.70 |
| Home Medication Management Review (12mths) | 900 | | | \$180.65 |
| PROCEDURES | | | | |
| Removal of superficial foreign body- Cornea | 30061 | \$73.35 | \$63.35 | \$23.35 |
| Removal of or Subcutaneous Implant (IMPLANON) | 30062 | \$289.40 | \$189.40 | \$89.40 |
| Removal of foreign body, sub cut, removal of | 30064 | \$309.00 | \$209.00 | \$109.00 |
| Steroid injection to skin lesion | 30207 | \$139.00 | \$129.00 | \$39.00 |
| Wedge Resection | 47915 | \$368.10 | \$268.10 | \$168.10 |
| Bladder Catheterisation | 36800 | \$127.35 | \$117.35 | \$27.35 |
| LOCALISED BURNS, dressing of, including any ass consult | 30003 | \$100.00 | \$90.00 | \$36.05 |
| Removal of Foreign Cornea or Sclera embedded | 42644 | \$171.15 | \$191.15 | \$71.15 |
| Removal of Nail (Finger or Thumb) or Toe | 46513 | \$256.05 | \$156.05 | \$56.05 |
| Removal from ear, other than syringing | 41500 | \$201.80 | \$191.80 | \$81.80 |
| Removal of foreign body from nose | 41659 | \$176.90 | \$166.90 | \$76.90 |
| SURGICAL PROCEDURES | | | | |
| Skin Biopsy or Punch | 30071 | \$251.85 | \$151.85 | \$51.85 |
| Mucous Membrane Biopsy | 30071 | \$251.85 | \$151.85 | \$51.85 |
| Tough site (nose, eyelid, eyebrow, lip, ear, digit, genitalia) | | | | |
| Benign <6mm | 31357 | \$358.75 | \$258.75 | \$108.75 |
| Benign >6mm | 31360 | \$366.60 | \$266.60 | \$166.60 |
| Malignant (BCC/SCC) <6mm | 31356 | \$419.50 | \$319.50 | \$219.50 |
| Malignant (BCC/SCC) >6mm | 31358 | \$468.60 | \$368.60 | \$268.60 |
| Nasty (Melanoma) all sizes | 31371 | \$554.00 | \$454.00 | \$354.00 |
| Intermediate Site (face, neck, scalp, nipple-areola, knee & below and Wrist & below | | | | |
| Benign <14mm | 31362 | \$332.85 | \$222.85 | \$132.85 |
| Benign >14mm | 31364 | \$366.60 | \$266.60 | \$166.60 |
| Malignant (BCC/SCC) <14mm | 31361 | \$385.15 | \$285.15 | \$185.15 |
| Malignant (BCC/SCC) >14mm | 31363 | \$442.25 | \$342.25 | \$242.25 |
| Nasty (Melanoma) <14mm | 31372 | \$506.15 | \$406.15 | \$306.15 |
| Nasty (Melanoma) >14mm | 31373 | \$553.85 | \$453.85 | \$353.85 |
| Any Other Site | | | | |
| Benign <15mm | 31366 | \$294.70 | \$194.70 | \$94.70 |
| Benign >15-30mm | 31368 | \$324.55 | \$224.55 | \$124.55 |
| Benign >30mm | 31370 | \$342.45 | \$242.45 | \$142.45 |
| Malignant (BCC/SCC) <14mm | 31365 | \$357.00 | \$257.00 | \$157.00 |
| Malignant (BCC/SCC) >14mm | 31367 | \$411.85 | \$311.85 | \$211.85 |
| Malignant (BCC/SCC) >14mm | 31369 | \$443.85 | \$343.85 | \$243.85 |
| Nasty (Melanoma) <15mm | 31374 | \$479.55 | \$379.55 | \$279.55 |
| Nasty (Melanoma) >15-30mm | 31375 | \$500.85 | \$400.85 | \$300.85 |
| Nasty (Melanoma) >30mm | 31376 | \$548.70 | \$448.70 | \$348.70 |
| SIMPLE FLAP | | | | |
| Simple, Stage Local Flap, simple | 45200 | \$481.95 | \$381.95 | \$281.95 |
| SUTURES/GLUE | | | | |
| Suture <7cm Superficial | 30026 | \$251.85 | \$151.85 | \$51.85 |
| Suture <7cm Deep | 30029 | \$289.25 | \$189.25 | \$89.25 |
| Suture >7cm Superficial | 30038 | \$289.25 | \$189.25 | \$89.25 |
| Suture <7cm Face or Neck Superficial | 30032 | \$281.80 | \$181.80 | \$81.80 |
| Suture <7cm Face or Neck Deep | 30035 | \$316.60 | \$216.60 | \$116.60 |

| DESCRIPTION | ITEM NO (F2F) | Private | Conc | Rebate |
|--|---------------|----------|----------|----------|
| IMPLANON AND MIRENA | | | | |
| Hormone Implant including (IMPLANON) | 14206 | \$285.35 | \$185.35 | \$85.35 |
| (IMPLANON) if sutured | 14203 | \$250.75 | \$150.75 | \$50.75 |
| Mirena Insertion | 35503 | \$383.60 | \$283.60 | \$183.60 |
| Mirena BB loading- 40% loading for bulk billing LARC | 35501 | | | |
| FRACTURES | | | | |
| Fracture Scapoid | 47354 | \$368.10 | \$268.10 | \$168.10 |
| Radius and Ulnar | 47361 | \$330.70 | \$230.70 | \$130.70 |
| Clavicle | 47462 | \$311.95 | \$211.95 | \$111.95 |
| Ribs one or more | 47471 | \$142.70 | \$132.70 | \$42.70 |
| Tibia Shaft of | 47561 | \$470.65 | \$370.65 | \$270.65 |
| Tibia Plateau medial or lateral | 47546 | \$595.25 | \$495.25 | \$395.25 |
| Ankle Joint | 47595 | \$359.80 | \$259.80 | \$159.80 |
| Clinically Suspected Melanoma | | | | |
| Nose/eyelid/eyebrow/ear/digit/genitalia <6mm | 31377 | \$308.75 | \$208.75 | \$108.75 |
| Nose/eyelid/eyebrow/ear/digit/genitalia >6mm | 31378 | \$366.60 | \$266.60 | \$166.60 |
| Face/neck/scalp/nipple/distal lower and upper limb <14mm | 31379 | \$332.85 | \$232.85 | \$132.85 |
| Face/neck/scalp/nipple/distal lower and upper limb >14mm | 31380 | \$366.60 | \$266.60 | \$166.60 |
| Any other site < 15mm | 31381 | \$294.70 | \$194.70 | \$94.70 |
| Any other site > 15mm | 31382 | \$324.55 | \$224.55 | \$124.55 |
| Any other site > 30mm | 31383 | \$342.45 | \$242.45 | \$142.45 |
| Health Assessments | | | | |
| Health Assessment (30 Mins) | 701 | | | \$69.20 |
| Health Assessment (30-45 Mins) | 703 | | | \$160.85 |
| Health Assessment (45-60 Mins) | 705 | | | \$222.00 |
| Health Assessment (60 Mins Plus) | 707 | | | \$313.60 |
| Health Assessment (ATSI) | 715 | | | \$247.65 |
| DVA Health Assessment – Add MT to front of 700 item number | MT707 | | | \$352.20 |
| Healthy Heart Check | 699 | | | \$84.90 |
| Menopause and Perimenopause Health Assessment | 695 | | | \$101.90 |
| CARE PLANS | | | | |
| GPCCMP | 965 | | | \$156.55 |
| GPCCMP- Review | 967 | | | \$156.55 |
| Contribution to multidisciplinary care plan (RACF) | 731 | | | \$82.10 |
| CASE CONFERRING | | | | |
| Case Conference -Participate-at least 15mins | 747 | | | \$60.60 |
| Case Conference-Participate – 20-40mins | 750 | | | \$103.90 |
| Case Conference Participate- 40 minutes+ | 758 | | | \$172.85 |
| Organise & Co-ordinate Case Conference – 15-20mins | 735 | | | \$82.50 |
| Organise & Co-ordinate Case Conference – 20-40mins | 739 | | | \$141.05 |
| Organise & Co-ordinate Case Conference – 40 mins+ | 743 | | | \$235.15 |
| MENTAL HEALTH CASE CONFERRING (1/17/23) | | | | |
| Case Conference -Participate-at least 15mins | 937 | | | \$60.60 |
| Case Conference-Participate – 20-40mins | 943 | | | \$103.90 |
| Case Conference Participate- 40 minutes+ | 945 | | | \$172.85 |
| Organise & Co-ordinate Case Conference – at least 15mins | 930 | | | \$82.50 |
| Organise & Co-ordinate Case Conference – 20-40mins | 933 | | | \$141.05 |
| Organise & Co-ordinate Case Conference – 40 mins+ | 935 | | | \$235.15 |
| MENTAL HEALTH | | | | |
| GP Mental Health Care Plan – UNSKILLED < 40mins | 2700 | \$163.00 | \$153.00 | \$83.65 |
| GP Mental Health Care Plan Review – UNSKILLED > 40mins | 2701 | \$220.00 | \$210.00 | \$123.15 |
| GP Mental Health Care Plan – SKILLED < 40mins | 2715 | \$185.00 | \$175.00 | \$106.20 |
| GP Mental Health Care Plan – SKILLED > 40mins | 2717 | \$250.00 | \$240.00 | \$156.45 |
| EATING DISORDER PLANS | | | | |
| GP Mental Health Care Plan – UNSKILLED < 40mins | 90250 | \$169.37 | - | \$83.65 |
| GP Mental Health Care Plan – UNSKILLED > 40mins | 90251 | \$249.36 | - | \$123.15 |
| GP Mental Health Care Plan – SKILLED < 40mins | 90252 | \$215.10 | - | \$106.20 |
| GP Mental Health Care Plan – SKILLED > 40mins | 90253 | \$316.80 | - | \$156.45 |
| GP Mental Health Care Plan Review | 90264 | \$193.65 | \$183.65 | \$83.65 |

| Description | In clinic | Outside clinic | | |
|--|-----------|----------------|---------|----------|
| NEW MARCH 2026 | | | | |
| | F2F | | | |
| Patient End Support 6-20 mins | 2484 | 2485-\$74.15 | 2486 | \$63.90 |
| Patient End Support 20-40 mins | 2487 | 2488-\$115.15 | 2489 | \$104.90 |
| Patient End Support 40-60 mins | 2490 | 2491-\$145.10 | 2492 | \$145.10 |
| Patient End Support 60 mins plus | 2493 | 2494-\$232.90 | 2495 | \$222.65 |
| Assessment- Under 25 with disability | 139 | 92142 | | \$156.95 |
| ITEMS AVAILABLE VIA TELEPHONE & TELEHEALTH | | | | |
| TELEHEALTH CONSULTATIONS | | | | |
| Standard Consultations | | | | |
| Consultation Level A | 3 | 91790 | 91890 | \$20.05 |
| Consultation Level B | 23 | 91800 | 91891 | \$43.90 |
| Consultation Level C | 36 | 91801 | 91900** | \$84.90 |
| Consultation Level D | 44 | 91802 | 91910** | \$125.10 |
| Consultation Level E | 123 | 91920** | | \$202.65 |
| *** For MyMedicare registered patients | | | | |
| GP Mental Health Care Plan – UNSKILLED < 40mins | 2700 | 92112 | | \$83.65 |
| GP Mental Health Care Plan Review – UNSKILLED > 40mins | 2701 | 92113 | | \$123.15 |
| GP Mental Health Care Plan – SKILLED < 40mins | 2715 | 92116 | | \$106.20 |
| GP Mental Health Care Plan – SKILLED > 40mins | 2717 | 92117 | | \$156.45 |
| EATING DISORDER PLANS | | | | |
| GP Mental Health Care Plan – UNSKILLED < 40mins | 90250 | 92146 | | \$83.65 |
| GP Mental Health Care Plan – UNSKILLED > 40mins | 90251 | 92147 | | \$123.15 |
| GP Mental Health Care Plan – SKILLED < 40mins | 90252 | 92148 | | \$106.20 |
| GP Mental Health Care Plan – SKILLED > 40mins | 90253 | 92149 | | \$156.45 |
| Health Assessment (ATSI) | | | | |
| Level C Consult | 715 | 92004 | | \$247.65 |
| Level D Consult | | 91801 | 91900 | \$84.90 |
| Level E consult | | 91802 | 91910 | \$125.10 |
| | | 91920 | | \$202.65 |
| CHRONIC DISEASE | | | | |
| GPCCMP) – (Min 1 year) | 965 | 92029 | | \$156.55 |
| GPCCMP Review (Min 3 months) | 967 | 92030 | | \$156.55 |
| Contribution to multidisciplinary care plan (RACF) | 731 | 92026 | | \$82.10 |
| OBSTETRIC ITEM NUMBERS | | | | |
| Antenatal Service | 16500 | 91853 | 91858 | \$46.75 |
| Postnatal 4-8 weeks- including mental health check | 16407 | 91851 | 91856 | \$71.15 |
| Non-directive Pregnancy Counselling | 4001 | 92136 | 92138 | \$89.35 |

Product Update 2026



Agnes So
CCPO
HotDoc



Nicole Humble
Product Manger
HotDoc

Thursday 21st May
12:30pm AEST

 **HotDoc** | CPD WEBINAR

When Admin, Nurses & GPs Pull Together: The Alignment Moves That Change Everything



HOSTED BY
Dr Sachin Patel



Thursday 30th April
12:30pm AEST





Flu Clinic Kit 2026

Have a Question?



Thank You!



links to useful resources

- <https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Allied%20health%20services%20for%20eligible%20disabilities%20E2%80%93%20Addition%20of%20stuttering,%20speech%20sound%20disorders%20and%20cleft%20lip%20and%20or%20palate>
- <https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-amendments-to-ECG-items11707-and-11714>
- <https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-patient-end-support>
- <https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-aboriginal-and-torres-strait-islander-health-assessments>
- <https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Changes-to-time-tiered-MBS-health-assessment-items>
- <https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Long-Acting%20Reversible%20Contraceptive%20MBS%20items%20E2%80%93%20Nurse%20Practitioners>
- <https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Menopause%20and%20perimenopause%20health%20assessment%20services>
- <https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-MH-case-conferencing>
- <https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-Better-Access-Mar23-changes>
- <https://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&qt=NoteID&q=AN.40.5>