

# Medicare items billing guide: Doctors in Secondary Schools

Summary of Medicare Benefits Schedule (MBS) item numbers and fees relevant to adolescent health.

- Read requirements in full before making claims: see [www.health.gov.au/mbsonline](http://www.health.gov.au/mbsonline)
- See [www.health.gov.au/mbsprimarycareitems](http://www.health.gov.au/mbsprimarycareitems) for fact sheets, Q&A and templates.
- Check HPOS, or phone Medicare Australia on 132 150, for patient claims information.

The **Doctors in Secondary School Project** is funded by Department of Education and Training and implemented by Primary Health Networks across Victoria

Service	MBS Item	Rebate	Target group / eligibility / requirements	Frequency <sup>†</sup>
<b>Routine Consultation</b> <small>Services provided at non-clinical locations by MBS-eligible GPs, using the Medicare Provider Number granted for their normal place of practice.</small>	4	\$17.20 *	Consultation at a place other than consulting rooms – Level A (short service).	n/a
	24	\$37.60 *	Consultation at a place other than consulting rooms – Level B (lasting less than 20 minutes).	n/a
	37	\$72.80 *	Consultation at a place other than consulting rooms – Level C (lasting at least 20 minutes).	n/a
	47	\$107.15 *	Consultation at a place other than consulting rooms – Level D (lasting at least 40 minutes).	n/a
	* Apply the fee shown, plus \$26.35 divided by the number of patients seen, up to six patients. For seven or more patients apply the fee shown plus \$2.05 per patient. <i>Or use MBS Ready Reckoner</i>			
<b>Health Assessment</b>	701 to 707	\$59.35 - \$268.80	For Refugee / Humanitarian Entrant [see MBS for eligibility criteria]. Time based item (depending on patient complexity): 701 <30 mins; 703 30-45 mins; 705 45-60 mins; 707 >60 mins.	once only
	701 to 707	\$59.35 - \$268.80	Health assessment of a person with Intellectual Disability. Time based item (depending on patient complexity): 701 <30 mins; 703 30-45 mins; 705 45-60 mins; 707 >60 mins.	annual
	715	\$212.25	Aboriginal and Torres Strait Islander Person health assessment; use proforma for child, or 15-54 year-old. Pt can then be referred for 5 Medicare allied health services per calendar year.	9-12 monthly
	10987	\$24.00	Practice Nurse or Aboriginal Health Practitioner services following a health assessment for an Aboriginal and Torres Strait Islander Person.	10 per year
<b>Chronic Disease</b> <small>Restriction: GPs may not claim a general consul item for the same patient on the same day as claiming item 721, 723 or 732 Referral: patients with a GPMP and TCA can be referred for 5 'EPC' Medicare allied health services per calendar year.</small>	721	\$144.25	GP Management Plan (GPMP) for patient with chronic condition (See MBS Note AN.0.47 for eligibility criteria and requirements for items 721-732).	12 mths
	723	\$114.30	Team Care Arrangements (TCA) for patient with chronic condition.	12 mths
	732	\$72.05	Review of either GPMP or TCA (can provide both services on same day if claims indicate they were rendered at different times).	3-6 monthly
	10997	\$12.00	Nurse monitoring and support of person with GPMP or TCA, on behalf of the providing GP.	5 per year
<b>Mental Health</b> <small>See MBS Note AN.0.56 for 2700-2717 requirements. Referral: patients with GP Mental Health Treatment Plan can be referred for Medicare-rebated psychological services</small>	2700	\$71.70	GP Mental Health Treatment Plan, training <u>not</u> undertaken, at least 20 minutes.	Intended as one-off intervention, but may be repeated every 12 months if required.
	2701	\$105.55	GP Mental Health Treatment Plan, training <u>not</u> undertaken, at least 40 minutes.	
	2715	\$91.05	GP Mental Health Treatment Plan, skills training undertaken, at least 20 minutes.	
	2717	\$134.10	GP Mental Health Treatment Plan, skills training undertaken, at least 40 minutes.	
	2712	\$71.70	Review of GP Mental Health Treatment Plan.	
	2713	\$71.70	Mental Health Consultation (at least 20 mins).	n/a
<b>Women's Health</b>	14206	\$35.60	Hormone or living tissue implantation by cannula, including Implanon.	n/a
	30062	\$60.75	Removal of Etonogestrel subcutaneous implant, including Implanon.	n/a
	16591	\$142.65	Planning and management of pregnancy >28 weeks, where GP is not managing labour and delivery. Documentation of mental health assessment is required (including D&A and DV). Not claimable with 16590. See explanatory notes TN.4.13	once only
	73806	\$10.15	Pregnancy test (urine / by 1 or more immunochemical methods).	n/a
<b>Minor Procedures</b>	Refer to MBS items 30003 to 30219 and other Category 3 Therapeutic Procedures items as applicable, for burns dressing, wound repair, treatment of skin lesions, benign neoplasm, warts or haematoma, removal of foreign body, etc. See <a href="http://www.health.gov.au/mbsonline">www.health.gov.au/mbsonline</a>			

<sup>†</sup> Claiming intervals between these and related MBS items may apply. In some cases, 'exceptional circumstances' allow more frequent claims.

Resource last updated October 2018. Incorporating Medicare Benefits Schedule fee of July 2018.

