

Medicare Item Number Reference Sheet (Valid from July, 2017)

Item	Rebate*	Description	Requirements	Frequency
10990	\$6.25	Bulk billing incentive	Commonwealth concession card holder or Clients under 16 years	No limits
10991	\$9.35	Bulk billing incentive (regional, rural or remote area)	Commonwealth concession card holder or Clients under 16 years	No limits
10997	\$12.00	Practice Nurse monitoring and support of a client with a chronic condition	For patients with a GP management plan, Team care arrangements or Multidisciplinary care plan	Max 5 times per patient per calendar year
10987	\$24.00	Follow up by a nurse or Aboriginal health worker for an Indigenous person after a Health Assessment	Addresses needs identified in the Health Assessment	Max 10 times per patient per calendar year
701 (<30min)= \$59.35 703 (30-45min)= \$137.90 705 (45-60min)= \$190.30 707 (>60min)= \$268.80	Time-based	Health assessment for patients over 75 either in-surgery or at the patient's home	For clients aged 75 years or more living in the community	12 months
		Type 2 diabetes risk evaluation (40-49 years of age)	High risk of developing type 2 diabetes as determined by the AUSDRISK Tool (score >12)	Every 3 years
		45-49 Health Assessment for patients at risk of developing a chronic disease.	Patient must be at risk of developing a chronic disease At least one specific risk factor must be identified	Once only
		Comprehensive medical assessment (CMA) for permanent residents of residential aged care facilities	Can be provided on admission to a residential aged care facility or at 12 month intervals thereafter	12 months
715	\$212.25	Aboriginal and Torres Strait Islander health assessment	This item encompasses child, adult and older persons.	9 months
721	\$144.25	GP management plan (GPMP)	Patient with a chronic or terminal condition expected to last 6+ months or is terminal	1-2 years
723	\$114.30	Team care arrangement (TCA)	Must involve at least 2 other health providers in addition to the GP	1-2 years
732	\$72.05	GP Management Plan Review (GPMP Review) and/or Team Care Arrangement Review (TCA Review)	There must be a 721 in place and/or a 723 in place	3-6 months
729	\$70.40	Contribution to a Multidisciplinary Care Plan	Will not be paid within 12 months of a claim by the same practitioner for item 721 or 723 or within three months of a claim for item 729, 731 or 732	3-6 months
731	\$70.40	CONTRIBUTION to a multidisciplinary care plan for a patient in a Residential Aged Care Facility	This items allows access to Allied Health Services under Medicare	3 months
900	\$154.80	Home medicine review (HMR)	For clients at risk of medication misadventure due to comorbidities, age or social circumstances, complexity of treatment regimen, or due to lack of knowledge and skills to use medicines to their best effect	12 months (sooner if clinically required)
2700 (at least 20min)= \$71.70 2701 (at least 40min)= \$105.55		GP Mental Health Treatment Plan by a practitioner who has not undertaken mental health skills training	Clinically diagnosable mental disorder that significantly interfere with an individual's cognitive, emotional or social abilities	12 months (sooner if clinically required)
2715 (at least 20min)= \$91.05 2717 (at least 40min)= \$134.10		GP Mental Health Treatment Plan by a practitioner who has undertaken mental health skills training	Clinically diagnosable mental disorder that significantly interfere with an individual's cognitive, emotional or social abilities	12 months (sooner if clinically required)
2712	\$71.70	GP Mental Health Plan Review	There must be a 2700, 2701, 2715 or 2717 in place	3 months
2713	\$71.70	Consultation in relation to a mental disorder	Consultation must last at least 20 minutes	No limits

This list is intended as a quick reference for Item names and their related MBS numbers. It is not intended as a standalone training tool or reference guide for client eligibility. *Subject to change. Visit www.mbsonline.gov.au