

medicare

Your guide to Medicare for Indigenous health services



Australian Government
Department of Human Services

humanservices.gov.au



Acknowledgement of Country and Traditional Owners

The Department of Human Services acknowledges the Traditional Owners and custodians of the lands we live on. We pay our respect to all Elders, past and present, of all Aboriginal and Torres Strait Islander nations.

Warning

Aboriginal and Torres Strait Islander peoples are warned that this product may contain images of deceased people.

Working together

We believe our work with businesses, community organisations, local service providers and other government agencies can improve outcomes and make a real difference to the lives of Aboriginal and Torres Strait Islander peoples.



Artist acknowledgement

We're grateful to the artists who've contributed works for use in this guide.

James Baban – DHS Indigenous Employment Story

Tatipai Barsa – Torres Strait waters with dhari

Message from the Deputy Secretary —Health and Aged Care Group

It is with great pleasure that I introduce Your guide to Medicare for Indigenous health services (the Guide).

The Guide was developed to support staff working in organisations that provide Medicare services to Aboriginal and Torres Strait Islander Australians by providing easy to understand advice about Medicare health services and programs.

In the Guide you'll find information on Indigenous-specific Medicare Benefits Schedule (MBS) services and initiatives. Identifying and using these MBS items in the right way can help Indigenous patients access the most appropriate Medicare services, including for preventive health and the management of chronic disease. This is especially important in making sure Indigenous Australians receive the health services they need and achieve better long term health outcomes.

We are committed to improving access and delivery of our services to Aboriginal and Torres Strait Islander people. Our Medicare Liaison Officers (MLOs) across Australia help with claiming and Medicare initiatives. This Guide covers many of the questions asked when our MLOs visit or provide phone or email assistance.

We have designed this Guide to be viewed online so that we can make updates quickly and continue to provide you with the latest information. You can find a copy of the Guide at **humanservices.gov.au/hpeducation**. Or you can also print a copy if you choose and keep it somewhere handy.

I hope that you find the Guide useful.

Amanda Cattermole

Deputy Secretary
Health and Aged Care Group
Department of Human Services



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Using this guide

We've put this guide together to give you basic information about Medicare Indigenous health services.

When you use it, you'll need to:

- check if the information is relevant to the task you're doing
- check online for updates to this resource
- get full details and up-to-date information by using the online resources listed on the Contacts page of this guide
- get independent professional advice about related laws and guidelines.

While we make every effort to make sure this guide is accurate, we accept no responsibility for the accuracy and completeness of the information.

Acronyms

CTG	Closing the Gap
GPMP	GP Management Plan
HPOS	Health Professional Online Services
MBS	Medicare Benefits Schedule
PBS	Pharmaceutical Benefits Scheme
PIP	Practice Incentives Program
PNIP	Practice Nurse Incentive Program
QAAMS	Quality Assurance for Aboriginal and Torres Strait Islander Medical Services
RRMA	Rural and Remote Metropolitan Areas
SIP	Service Incentive Payment
TCA	Team Care Arrangements
VR	Vocationally Registered

Form references

Where Human Services forms are mentioned in this guide, a form 'code' will be shown in brackets after the form name. You can use this code to search for the form on our website.



‘VR’ and ‘non-VR’ items

‘VR’ means Vocationally Registered.

Some items in the Medicare Benefits Schedule (MBS) can only be used by VR doctors. There are some exceptions: for example, when non-VR doctors are working in a particular location they may use the VR items.

In this guide, some services have been grouped by **VR items** or **non-VR items**. The example below shows which group of items a particular doctor should claim from.

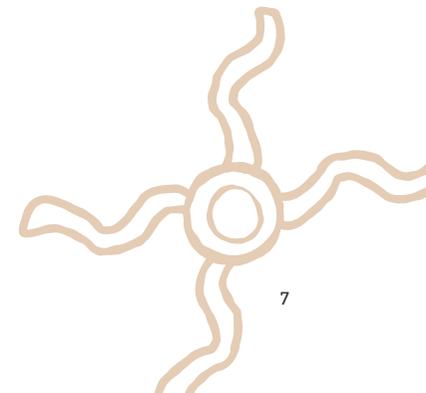
Diabetes cycle of care—annual completion

VR item

Item	Description
2521	Level C—long attendance at consulting rooms (20 to 39 minutes duration)

Non-VR item

Item	Description
2622	Attendance at consulting rooms (26 to 45 minutes duration)



GP attendance levels—A, B, C and D

Attendance levels in the MBS

Level	Time requirement	Patient history detail	Other tasks—where clinically relevant
A	Nil	Short	Limited examination and management
B	Less than 20 minutes	Standard	<ul style="list-style-type: none">• Clinical examination• Arranging any necessary investigations• Setting up a management plan• Providing appropriate preventive health care
C	At least 20 minutes	Detailed	
D	At least 40 minutes	Extensive	

Medicare Liaison Officers

In keeping with our promise to deliver great service to all Australians, we work with Aboriginal and Torres Strait Islander communities and health care providers to improve access to our services.

We have Medicare Liaison Officers across Australia who have culturally appropriate skills and expertise. They communicate sensitively and work closely with communities, Aboriginal Medical Services and other health service providers to:

- give Medicare education and training to health service staff about Indigenous health care plans and the MBS items for Indigenous customers
- increase Aboriginal and Torres Strait Islander Australians' enrolments in Medicare
- ensure correct Medicare benefits are claimed
- visit health services to give support and advice about new Medicare initiatives and assist with any issues
- represent and promote Medicare programs and services at local Indigenous forums and events.

Many thanks to Adam and Hazel for their valued assistance and appearance in this guide.



About Adam

I'm a Medicare Liaison Officer based in Darwin, Northern Territory. I am of both Aboriginal and Torres Strait Islander descent with family from North Queensland up to the Torres Strait. I currently support Aboriginal Medical Services throughout the Northern Territory spanning from Nhulunbuy down through Central Australia.

About Hazel

I'm one of the Medicare Liaison Officers located in Cairns, Queensland. I'm of both Aboriginal and Torres Strait Islander descent and have always lived in the Cairns region. I currently support the Aboriginal Medical Service (AMS) at Yarrabah, which is about 60 km to the south east of Cairns, and visit them once a month. I've developed and maintained a very good relationship with all staff at the AMS and they are comfortable contacting me to discuss any issues.



Family and domestic violence

Family and domestic violence is unacceptable in any form.

Family and domestic violence is conduct that's violent, threatening, coercive, controlling or intended to cause the family or household member to be fearful. It includes:

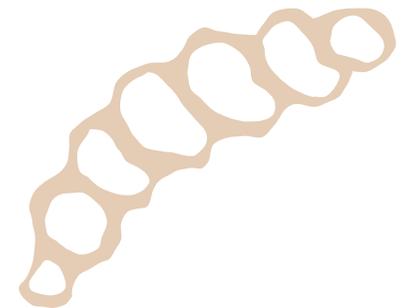
- physical, verbal, emotional, sexual or psychological abuse
- neglect
- financial abuse
- stalking
- harm to an animal or property
- restricting your spiritual or cultural participation, or
- exposing children to the effects of these behaviours.

Family and domestic violence can affect anyone. It impacts all types of relationships:

- past or current intimate relationships, including people who are dating or living together, regardless of their gender or sexuality
- relationships involving carers where care is provided to older people, people with a disability or a medical condition
- relatives and guardians
- Aboriginal and Torres Strait Islander concepts of family, including extended family, and
- other culturally recognised family groups.

People affected by family and domestic violence may live in fear for themselves and their family, even when they've left a violent relationship.

If someone is affected by family and domestic violence we can help. There are payments, services and specialist referral options.



Support from a social worker

- We can help people access local services to support them if they're experiencing family and domestic violence.
- We have social workers who can help people access specialist family and domestic violence services, emergency accommodation and housing. They can also link them to relevant services for legal advice and help.
- Our social workers treat all personal and family information as confidential. If a social worker refers a patient to an external organisation for help, they can only pass on information with their consent. If they need an interpreter, the interpreter must treat their information as confidential.
- Social workers are in many of our service centres around Australia. Aboriginal and Torres Strait Islander Australians can also call the Indigenous Call Centre on **1800 136 380** and ask to speak to a social worker.

Payments and services

We can provide information about payments and services including income support or crisis payments. Your patient may be eligible for exemptions from looking for work, or collecting child support.

Where people can go for help

If they need immediate assistance in a family and domestic violence situation, they should call the Police on **000**.

For support, they can contact:

1800 RESPECT—national sexual assault, domestic family violence counselling service	1800 737 732 1800RESPECT.org.au
Family Relationship Advice Line	1800 050 321 familyrelationships.gov.au
MensLine Australia	1300 789 978 mensline.org.au
Financial Counselling Australia	1800 007 007 financialcounsellingaustralia.org.au

Our website

We have a dedicated family and domestic violence webpage at humanservices.gov.au/enough

- It provides information on government payments, support options and help from community organisations.
- It has links to download the Daisy App—a mobile app designed for women that can connect them to services in their local area.
- You can learn about safe browsing techniques—to prevent others who use the same computer from being able to view web history, downloads, autofill and dialog box information and keeping your browsing activities private.
- There's an exit button on our humanservices.gov.au/enough page. Clicking the exit button safely takes the person away from this page and to the Bureau of Meteorology page to help protect privacy.



eLearning

A family and domestic violence eLearning module is available from humanservices.gov.au/hpeducation



Health Professional Online Services (HPOS)

Health Professional Online Services (HPOS) is a fast and secure way for you to do business online with us.

Providers and their delegates can access a range of services using HPOS, including:

- Find a Patient—lets you search and confirm a patient’s Medicare number and concessional eligibility
- MBS Items Online Checker—determine a patient’s eligibility to claim Medicare benefits for a number of MBS items
- Webclaims—lets you submit Medicare bulk bill, patient claims, and DVA claims online
- Manage provider details, including creating a new Medicare provider number, updating or adding banking or personal details and authorising and managing delegates
- Practice Incentives Program (PIP)
 - register for the PIP
 - update practice details and apply for additional incentives under the PIP
 - view PIP statements.

For a full list of HPOS services, go to **humanservices.gov.au/hpos**

HPOS—Find a Patient

This function lets you search and confirm a patient's Medicare number and concessional eligibility.

How to use the Find a Patient function in HPOS

1. Go to **humanservices.gov.au/hpos** and log on
2. Select 'Find a Patient'
3. Select the Find a Patient service you want to use
4. Enter the required patient details (this will depend on the service you're using)
5. Select 'Search' to perform the check

The search results will confirm or provide you with the patient's correct Medicare information or concessional eligibility.

HPOS—MBS items online checker

This function lets you determine patient, and your own eligibility to claim Medicare benefits for a number of MBS items. Make sure you have the patient's consent before doing any checks.

How to use the MBS Items Online checker function in HPOS

1. Go to **humanservices.gov.au/hpos** and log on
2. Select 'MBS Items Online Checker'
3. Enter the patient's Medicare details
4. Select the provider details. There are two drop-down boxes. In the first, select the provider stem. In the second, select the location and check digit
5. Select the MBS item you wish to check
6. Select 'Search' to perform the check

The search results will show you patient eligibility for any of the items you selected.

Make sure you have the right provider number

It's important to use the correct provider number as some MBS items have restrictions that relate to the provider number.



Practice Incentives Program (PIP)

The PIP encourages general practices to continue providing quality care, enhancing capacity, and improving access and health outcomes for patients.

Most payments through the PIP are made to practices and focus on aspects of general practice that contribute to patient care. This includes payments for:

- eHealth
- after hours
- diabetes
- cervical screening
- quality prescribing
- asthma
- Indigenous health
- teaching
- procedural activities
- rural loading
- aged care access

PIP practice payments help support practices to purchase new equipment, upgrade facilities or increase payments for GPs working at the practice.

Find out more including how to apply

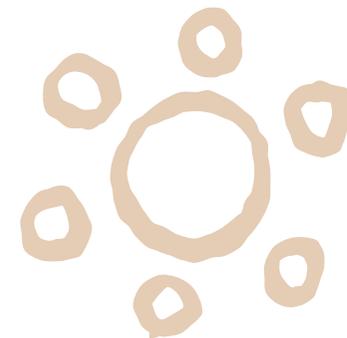


humanservices.gov.au/pip



1800 222 032* 8.30 am–5.00 pm Monday to Friday, Australian Central Standard Time.

* Call charges apply from mobile and pay phones.



PIP Indigenous Health Incentive

Patient registration

- Use HPOS to register patients online.
- Register patients with the practice that is, or will be, their 'usual care provider'—this is the practice that has given the patient most of the care over the last 12 months or will be providing most of the care to the patient over the next 12 months.
- The patient must agree to have the practice written on the *Indigenous Health Incentive and PBS Co-payment Measure patient registration and consent form* (IP017) at humanservices.gov.au/pip
This consent means they expect the practice will be their usual care provider and oversee their chronic disease management.

Find out more



humanservices.gov.au/pip



1800 222 032* 8.30 am–5.00 pm Monday to Friday, Australian Central Standard Time.

* Call charges apply from mobile and pay phones.

Usual care provider

This wouldn't usually apply to a practice that provides only one service to a patient.



Closing the Gap (CTG) PBS prescriptions

The CTG PBS Co-payment Measure provides low or no-cost PBS prescriptions to Aboriginal and Torres Strait Islander Australians.

Eligible patients

Aboriginal and Torres Strait Islander Australians of any age, who have, or are at risk of, chronic disease and, in the opinion of the prescriber:

- would experience setbacks in the prevention or ongoing management of chronic disease if they did not take the prescribed medicine, and
- are unlikely to adhere to their medicines regimen without assistance through the Measure.

Patient registration

- Use HPOS to register patients online.
- You can also complete the *Indigenous Health Incentive and Pharmaceutical Benefits Scheme Co-Payment Measure Patient Registration and Consent form (IPO17)* at humanservices.gov.au/pip

Eligible prescribers

The following practitioners are eligible prescribers:

- medical practitioners working in a general practice that's participating in the Indigenous Health Incentive under PIP
- medical practitioners working in an Indigenous Health Service in rural or urban settings
- medical specialists, where the patient is referred to them by a medical practitioner working in a general practice that's participating in the Indigenous Health Incentive under PIP.

To confirm patient registration you can use HPOS or call **1800 222 032**, 8.30 am–5.00 pm Monday to Friday, Australian Central Standard Time. It's a free call unless you use a mobile or pay phone.



Closing the Gap (CTG) PBS prescriptions (continued)

The following details are required on the prescription.

Computer generated prescriptions

- Select the CTG field in the prescribing software. A CTG code will be added to the prescription. For example, **CTG11K**.
- Once printed, check the prescription to make sure it's been added. If it hasn't, follow the advice below for paper prescriptions.

Paper prescriptions

- The doctor writes the letters 'CTG' and adds their signature or initials. For example:
CTG John Citizen, or
CTG JC

Find out more



humanservices.gov.au > then search 'Closing the Gap'.



1800 222 032* 8.30 am–5.00 pm Monday to Friday, Australian Central Standard Time.
* Call charges apply from mobile and pay phones.



Practice Nurse Incentive Program (PNIP)

The PNIP provides incentive payments to eligible practices to support an expanded and enhanced role for nurses employed in general practice.

This supports:

- accredited general practices to employ an Aboriginal and Torres Strait Islander Health Worker or an Aboriginal and Torres Strait Islander Health Practitioner
- Aboriginal Medical Services (AMS), Aboriginal Community Controlled Health Services (ACCHS) and practices in Urban Areas of Workforce Shortage (UAWS) to employ allied health professionals.

Find out more and how to apply



humanservices.gov.au/pnip



1800 222 032* 8.30 am–5.00 pm Monday to Friday, Australian Central Standard Time.

* Call charges apply from mobile and pay phones.

Indigenous-specific MBS services

Item	Description
715	Health check for Aboriginal and Torres Strait Islander peoples. Maximum of 1 service in a 9 month period
10987	Follow up service for an Indigenous person who's had a health check (item 715), done by a practice nurse or Aboriginal and Torres Strait Islander health practitioner
12325	Diabetic retinopathy assessment
73839	Blood test (glycated haemoglobin) for the diagnosis of diabetes in high risk, but asymptomatic patients. 1 test in 12 months
73840	Blood test (glycosylated haemoglobin) for the management of established diabetes. Maximum of 4 tests in 12 months
73844	Urinary ACR (albumin/creatinine ratio) in the management of established diabetes. Determined on a first morning urine sample

Pathology items 73839, 73840 and 73844

These items are only for approved practices. Doctors need to apply in writing to the Medicare Provider Registration team, asking for access to these items. For more information, go to page 23 in this guide.



Indigenous-specific MBS services—follow-up allied health services identified in a health check

Item	Description
81300	Aboriginal and Torres Strait Islander health service
81305	Diabetes education
81310	Audiology
81315	Exercise physiology
81320	Dietitian
81325	Mental health
81330	Occupational therapy
81335	Physiotherapy
81340	Podiatry
81345	Chiropractic
81350	Osteopathy
81355	Psychology
81360	Speech pathology

The patient can get up to five services under these items in a calendar year (1 January–31 December). Go to **mbsonline.gov.au** for rules and referral details for these services.

These items can be claimed in addition to individual allied health services—MBS items 10950–10970.



Pathology services within the practice— QAAMS pathology program

The Quality Assurance in Aboriginal and Torres Strait Islander Medical Services (QAAMS) pathology program provides Medicare benefits for diabetes diagnosis and monitoring tests at Aboriginal and Torres Strait Islander primary health care sites.

Item	Description
73839	Blood test (glycated haemoglobin) for the diagnosis of diabetes in high risk, but asymptomatic patients. 1 test in 12 months
73840	Blood test (glycosylated haemoglobin) for the management of established diabetes. Maximum of 4 tests in 12 months
73844	Urinary ACR (albumin/creatinine ratio) in the management of established diabetes. Determined on a first morning urine sample

Practices need to enrol in the QAAMS program and register for access to these services. For more information go to qaams.org.au or call **(08) 8201 7555**.



Health assessments

A health assessment involves:

- checking a patient's health and physical, psychological and social functions
- deciding if preventive health care and education should be offered to the patient to improve their health and wellbeing.

Item 715 is available for people of all ages of Aboriginal or Torres Strait Islander descent.

Item	Description
715	Health assessment for a patient of Aboriginal or Torres Strait Islander descent

Item 715:

- can only be paid once every nine months
- shouldn't be claimed with any general attendance item (for example item 23) unless the patient has an acute problem that needs to be managed separately from the health check
- should be performed by the patient's 'usual doctor'. This is the doctor (or another doctor in the same practice) who provided most of the primary care to the patient over the last 12 months or will be providing most of the primary care to the patient over the next 12 months.

You can check patient eligibility for this service using HPOS. For more information go to page 15 in this guide.



Health assessments—assisting the GP

Practice nurses, Aboriginal health workers or Aboriginal and Torres Strait Islander health practitioners may help with the health check as long as it's accepted medical practice and under supervision of the GP.

They may help with:

- collecting information
- giving patients information about recommended interventions at the direction of the GP.

The GP should be comfortable the assisting health professional has the necessary skills, expertise and training to help with the health assessment.

Access to other MBS services

Patients who've had item 715 may also be eligible for the following MBS services:

- follow-up allied health services (items 81300–81360)
- follow-up service by a practice nurse or Aboriginal and Torres Strait Islander health practitioner (item 10987).



Chronic Disease Management (CDM) items

These items help GPs plan and coordinate the health care of patients with chronic or terminal medical conditions.

Item	Description
721	GP Management Plan (GPMP)
723	Team Care Arrangements (TCAs)
732	Review of a GPMP or TCAs

Important

- Items 721 and 723 are limited to one service in 12 months. Item 732 is limited to one service in three months. Where a review of TCAs and a GPMP occurs on the same day, claims should note they were done at different times.
- The same GP can't claim a general attendance item (for example item 23) on the same day as claiming this item.
- These items should be done by the patient's usual doctor. This is the doctor (or another doctor in the same practice) who has provided most of the patient's primary care in the last 12 months, or will be providing most of the primary care over the next 12 months.

You can check patient eligibility for these items using HPOS. For more information go to page 15 in this guide.



CDM items—assisting the GP

Practice nurses, Aboriginal health workers or Aboriginal and Torres Strait Islander health practitioners may help with CDM services as long as it's accepted medical practice and under the supervision of the GP. This can include help with:

- patient assessment
- identification of patient needs
- making arrangements for services.

The GP should review and confirm all assessments undertaken on their behalf and be comfortable the assisting health worker has the right skills, expertise and training.

Access to other MBS services

Patients who are managed under a MBS multidisciplinary care plan arrangement can be referred for the following MBS services:

- allied health individual services (items 10950–10970)
- group allied health services (items 81100–81125)
- services by a practice nurse or an Aboriginal and Torres Strait Islander health practitioner for ongoing support and monitoring for patients with chronic diseases (item 10997).

Go to mbsonline.gov.au for rules and referral details for these services.



Individual allied health services (MBS items 10950–10970)

These services are for patients with chronic conditions and complex care needs who are managed under MBS multidisciplinary care plan arrangements.

Item	Description
10950	Aboriginal and Torres Strait Islander health service
10951	Diabetes education
10952	Audiology
10953	Exercise physiology
10954	Dietitian
10956	Mental health
10958	Occupational therapy
10960	Physiotherapy
10962	Podiatry
10964	Chiropractic
10966	Osteopathy
10968	Psychology
10970	Speech pathology

Up to five services are payable in a calendar year. Go to **mbsonline.gov.au** for rules and referral details for these services.

You can check patient eligibility for these services by using HPOS. For more information go to page 15 in this guide.



GP mental health services

These items are for early intervention, assessment and management of patients with mental disorders.

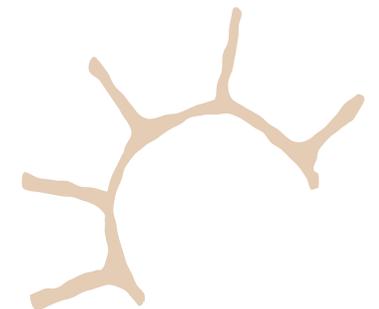
Consultation

Item	Description
2713	GP mental health consultation (20 minutes or more)

Treatment plans

Choosing the right GP mental health treatment plan item depends on whether the GP has done recognised mental health skills training. The exception to this is the review item 2712, which can be done by all GPs.

Item	Description	GP has recognised mental health skills training
2715	GP mental health treatment plan (20–39 minutes)	Yes
2700		No
2717	GP mental health treatment plan (40 minutes or more)	Yes
2701		No
2712	Review of GP mental health treatment plan or of Psychiatrist Assessment and Management Plan	Not applicable



GP mental health services—access to other MBS services

Eligible patients who are managed under a mental health treatment plan or assessment and management plan may get the following MBS services:

- individual psychological assessment and therapy (items 80000–80015)
- individual focussed psychological strategies (items 80100–80115, 80125–80140, 80150–80165 and items 2721–2727)
- group services (items 80020, 80021, 80120, 80121, 80145, 80146, 80170 and 80171).

Go to **mbsonline.gov.au** for rules and referral details for these services.

Allied mental health services

Individual and group therapy services are for patients who are managed under certain mental health items. A maximum of 10 individual and 10 group services are payable per calendar year. Referral for up to six individual and/or group services may be made at any one time.

Clinical psychologist services

Individual services—Psychological assessment and therapy

Item	Description
80000	31 to 49 minutes—at consulting rooms
80001	31 to 49 minutes—Telehealth consultation
80005	31 to 49 minutes—other than at consulting rooms
80010	50 minutes or more—at consulting rooms
80011	50 minutes or more—Telehealth consultation
80015	50 minutes or more—other than at consulting rooms

Group services—Psychological therapy

Item	Description
80020	60 minutes or more with a group of 6 to 10 patients
80021	60 minutes or more with a group of 6 to 10 patients—Telehealth consultation



Allied mental health services—psychologist, occupational therapist and social worker services

Individual Services—Focussed psychological strategies

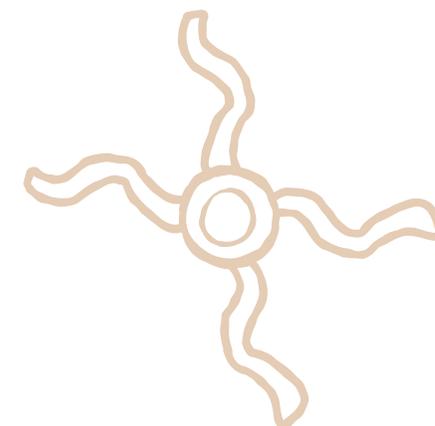
Item	Description
Psychologists	
80100	21 to 50 minutes—at consulting rooms
80101	21 to 50 minutes—Telehealth consultation
80105	21 to 50 minutes—other than at consulting rooms
80110	51 minutes or more—at consulting rooms
80111	51 minutes or more—Telehealth consultation
80115	51 minutes or more—other than at consulting rooms
Occupational therapists	
80125	21 to 50 minutes—at consulting rooms
80126	21 to 50 minutes—Telehealth consultation
80130	21 to 50 minutes—other than at consulting rooms
80135	51 minutes or more—at consulting rooms
80136	51 minutes or more—Telehealth consultation
80140	51 minutes or more—other than at consulting rooms
Social workers	
80150	21 to 50 minutes—at consulting rooms
80151	21 to 50 minutes—Telehealth consultation
80155	21 to 50 minutes—other than at consulting rooms
80160	51 minutes or more—at consulting rooms
80161	51 minutes or more—Telehealth consultation
80165	51 minutes or more—other than at consulting rooms

Some GPs may also provide individual service items (under items 2721 to 2727). These items count towards the maximum of 10. Go to mbsonline.gov.au for details.



Allied mental health services—psychologist, occupational therapist and social worker services

Group services—Focussed psychological strategies	
Item	Description
Psychologists	
80120	60 minutes or more with a group of 6 to 10 patients
80121	60 minutes or more with a group of 6 to 10 patients—Telehealth consultation
Occupational therapists	
80145	60 minutes or more with a group of 6 to 10 patients
80146	60 minutes or more with a group of 6 to 10 patients—Telehealth consultation
Social workers	
80170	60 minutes or more with a group of 6 to 10 patients
80171	60 minutes or more with a group of 6 to 10 patients—Telehealth consultation



Go to [mbsonline.gov.au](https://www.mbsonline.gov.au) for rules and referral details for allied mental health services.

Diabetes cycle of care—annual completion

These items are used when a patient attendance also completes an annual cycle of care for a patient with established diabetes mellitus.

VR items in consulting rooms

Item	Description
2517	Level B—standard attendance (less than 20 minutes)
2521	Level C—long attendance (20–39 minutes)
2525	Level D—prolonged attendance (40 minutes or more)

Non-VR items in consulting rooms

Item	Description
2620	6–25 minutes
2622	26–45 minutes
2624	46 minutes or more

Find out more



humanservices.gov.au/pip



1800 222 032* 8.30 am–5.00 pm Monday to Friday, Australian Central Standard Time.

* Call charges apply from mobile and pay phones.



Service Incentive Payments (SIP)

Completing the diabetes annual cycle of care may result in payment of a SIP to the GP into their nominated bank account, as part of the PIP.

Frequently claimed services by practice nurses, Aboriginal and Torres Strait Islander health practitioners and Aboriginal health workers on behalf of GPs

Item	Description
10987	Follow up service by a practice nurse or Aboriginal and Torres Strait Islander health practitioner for an Indigenous person that has had a health check
10988	Immunisation by an Aboriginal and Torres Strait Islander health practitioner
10989	Treatment of a wound by an Aboriginal and Torres Strait Islander health practitioner
10997	Service by a practice nurse or Aboriginal and Torres Strait Islander health practitioner for ongoing support and monitoring for patients with chronic diseases
16400	Antenatal service provided by a midwife, nurse or Aboriginal and Torres Strait Islander health practitioner. Must be provided at, or from, a practice in a regional, rural or remote location. That is Rural, Remote and Metropolitan Areas (RRMA) 3-7

'On behalf of' services

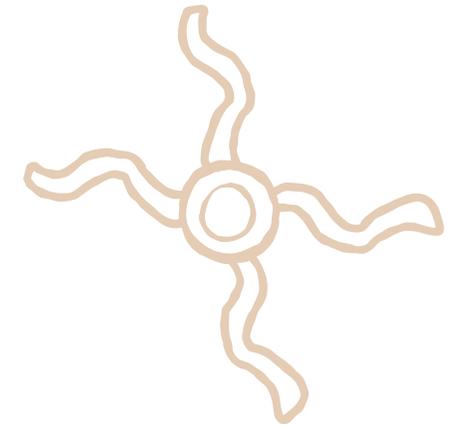
- These items are done on behalf of the GP and billed under the GP's provider number.
- If you're unsure of your practice's RRMA number, call us on **132 150**.
- Go to **mbsonline.gov.au** to search for 'on behalf of' services not in the table.



Frequently claimed nurse practitioner and midwife attendances

These items must be billed under the provider number for the nurse practitioner or midwife.

Item	Description
82105	Participating midwife —antenatal attendance (up to 40 minutes)
82200	Participating nurse practitioner attendance—obvious and straightforward in nature
82205	Participating nurse practitioner attendance (less than 20 minutes) for a patient presenting with clinical signs and symptoms with an easily identifiable underlying cause
82210	Participating nurse practitioner attendance (at least 20 minutes) for a patient presenting with clinical signs and symptoms with no obvious underlying cause
82215	Participating nurse practitioner attendance (at least 40 minutes) for a patient presenting with multiple clinical signs and symptoms with the possibility of multiple outcomes



Find out more

Go to mbsonline.gov.au to search for other nurse practitioner/midwife services not in the table.

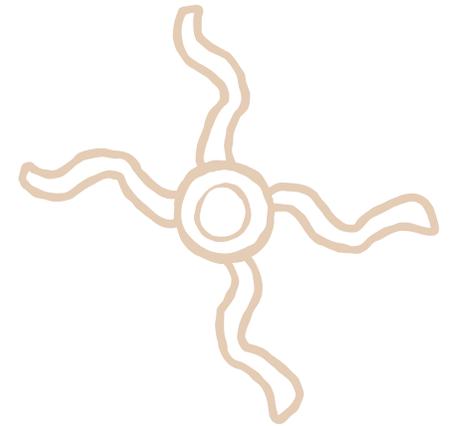
Frequently claimed diagnostic and minor surgical procedures

These are the diagnostic and minor surgical procedures most used by Aboriginal Medical Services.

Item	Description
11506	Measurement of respiratory function (for example, spirometry) before and after inhalation of bronchodilator
11700	Twelve-lead ECG, tracing and report
14206	Hormone or living tissue implantation by cannula (for example, Implanon)
30026 to 30049	Repair of wound items. These are listed by size and location of the wound being repaired
30062	Removal of etonogestrel subcutaneous implant (for example, Implanon)
30071	Diagnostic biopsy of skin
30192	Treatment of premalignant skin lesions by ablative techniques (for example, cryotherapy)
30219	Incision and drainage of haematoma, small abscess or similar lesion

Find out more

Go to [mbsonline.gov.au](https://www.mbsonline.gov.au) to search for services that are not listed in this table.



Frequently claimed pathology services done in the practice

These are the MBS pathology items most used by GPs in Aboriginal Medical Services. Go to mbsonline.gov.au for a full list of pathology services that can be done in the practice.

Item	Description
73802	Leucocyte count, erythrocyte sedimentation rate, examination of blood film (including differential leucocyte count), haemoglobin, haematocrit or erythrocyte count—1 test
73803	2 tests described in item 73802
73804	3 or more tests described in item 73802
73805	Microscopy of urine, whether stained or not, or catalase test
73806	Pregnancy test
73839 to 73844	QAAMS items for diagnosis and management of diabetes. Go to the QAAMS page in this guide for details on these items

Nurse practitioners can also provide services under items 73828 to 73837. Go to mbsonline.gov.au for full details.

You can also claim bulk bill incentive items 74990 or 74991 when you bulk bill these for eligible patients. Refer to pages 45 to 47 for more details.



GP attendances in consulting rooms—VR items

Normal hours

Item	Description
3	Level A—short attendance
23	Level B—standard attendance (less than 20 minutes)
36	Level C—long attendance (20–39 minutes)
44	Level D—prolonged attendance (40 minutes or more)

After hours (not urgent)

Item	Description
5000	Level A—short attendance
5020	Level B—standard attendance (less than 20 minutes)
5040	Level C—long attendance (20–39 minutes)
5060	Level D—prolonged attendance (40 minutes or more)

Find out more

Go to page 7 of this guide to find out about VR items.

For these items, the after-hours times are:

- Sundays or public holiday—any time
- Saturdays—before 8.00 am or after 1.00 pm
- Other days—before 8.00 am or after 8.00 pm



GP attendances in consulting rooms—non-VR items

Normal hours	
Item	Description
52	5 minutes or less
53	6–25 minutes
54	26–45 minutes
57	46 minutes or more

After hours (not urgent)	
Item	Description
5200	5 minutes or less
5203	6–25 minutes
5207	26–45 minutes
5208	46 minutes or more

Find out more

Go to page 7 of this guide to find out about non-VR items.



For these items, the after-hours times are:

- Sundays or public holiday—any time
- Saturdays—before 8.00 am or after 1.00 pm
- Other days—before 8.00 am or after 8.00 pm

Frequently claimed pregnancy-related services

These are the items most used for pregnancy related services by Aboriginal Medical Services.

Item	Description
16400	Antenatal service provided by a midwife, nurse or Aboriginal and Torres Strait Islander health practitioner. Must be provided at, or from, a practice in a regional, rural or remote location (RRMA 3-7)
16500	Antenatal attendance
16591	Planning and management of a pregnancy that has progressed beyond 20 weeks, where the patient will be transferred to another medical practitioner for labour and delivery
82105	Antenatal attendance by a participating midwife (up to 40 minutes)

Find out more

Go to [mbsonline.gov.au](https://www.mbsonline.gov.au) to search for other pregnancy-related services not listed in this table.

Item 16400

- This item is provided on behalf of the GP and billed under the GP's provider number.
- If you're unsure of your practice's RRMA number, contact us on **132 150**.



After-hours attendances (urgent)

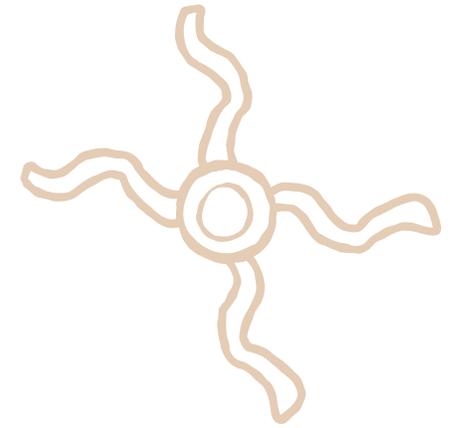
These items can only be used where the:

- attendance is asked for during the after-hours period (attendance cannot be requested before the after-hours period begins), and
- patient has a medical condition that requires urgent assessment, which can't be delayed until the next in-hours period, and
- practitioner has to return to, and specially open the consulting rooms, for the attendance—if held in consulting rooms.

Important

Item 585 does not apply to practitioners registered under the **After Hours Other Medical Practitioners Program** that are providing services through a medical deputising service.

VR items	
Item	Description
585	Urgent after-hours attendance NOT between 11.00 pm and 7.00 am
594	Additional patient seen on same occasion as 585—billable once per additional patient
599	Urgent after-hours attendance between 11.00 pm and 7.00 am



After-hours attendances (urgent)

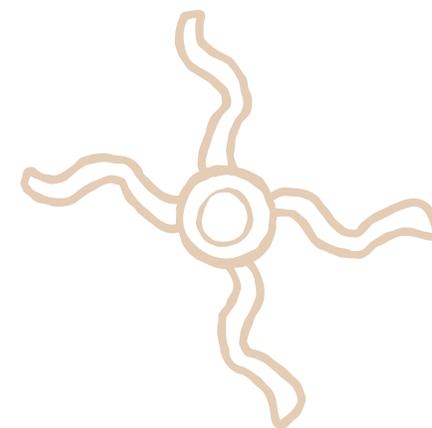
Non-VR items	
Item	Description
588	Urgent after-hours attendance NOT between 11.00 pm and 7.00 am—in a rural area
591	Urgent after-hours attendance NOT between 11.00 pm and 7.00 am—NOT in a rural area
594	Additional patient seen on same occasion as 588 or 591—billable once per additional patient
600	Urgent after-hours attendance between 11.00 pm and 7.00 am

Rural area

For these items, a rural area is a Modified Monash area of between 3–7 (inclusive). To check your Modified Monash area go to doctorconnect.gov.au.

Find out more

Go to page 7 of this guide to find out about VR and non-VR items.



GP attendances in residential aged care facilities

Where a GP goes to a residential aged care facility and sees one or more patients, the total number of patients needs to be shown when claiming from Medicare. Go to mbsonline.gov.au and search 'AN.0.17' for more details.

VR items	
Item	Description
20	Level A – short attendance
35	Level B – standard attendance (less than 20 minutes)
43	Level C – long attendance (20-39 minutes)
51	Level D – prolonged attendance (40 minutes or more)

Non-VR items	
Item	Description
92	Attendance of 5 minutes or less
93	Attendance of 6-25 minutes
95	Attendance of 26-45 minutes
96	Attendance of 46 minutes or more

Go to page 7 of this guide to find out more about VR and non-VR items.



Bulk billing incentive payments

When you bulk bill services to a patient, you can claim an additional MBS item or items if it's:

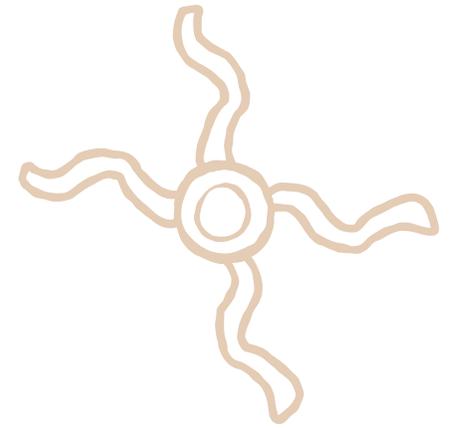
- for a patient under 16 or they're a Commonwealth concession card holder
- an outpatient service (not for admitted hospital patients)
- a non-specialist (unreferred) service
- bulk billed.

Item	Description
10990	General Medical Services
64990	Diagnostic Imaging Services
74990	Pathology Services

General Medical Services

These services are made up of:

- Category 1—Professional Attendances. An example is a Level B surgery consultation (item 23)
- Category 2—Diagnostic Procedures and Investigations. An example is an ECG (MBS item 11700)
- Category 3—Therapeutic Procedures. An example is a skin biopsy (MBS item 30071)
- Category 8—Miscellaneous Services. An example is immunisation provided by an Aboriginal and Torres Strait Islander health practitioner (MBS item 10988).



Higher bulk billing incentive payments for approved locations

A higher benefit is payable for services in approved locations. This includes all regional, rural and remote areas in RRMA 3–7.

Other areas may also get higher benefits. For a list, check items 10991, 64991 or 74991 at mbsonline.gov.au

Item	Description
10991	General Medical Services—approved locations
64991	Diagnostic Imaging Services—approved locations
74991	Pathology Services—approved locations

After-hours services

Item	Description
10992	General Medical Services—after hours

Eligible items

585, 588, 591, 594, 599, 600, 5003, 5010, 5023, 5028, 5043, 5049, 5063, 5067, 5220, 5223, 5227, 5228, 5260, 5263, 5265 and 5267.

MBS item 10992

If your GP isn't in one of the approved locations, but provides an after-hours consultation under one of the '**Eligible items**' listed on this page, they can bulk bill incentive item 10992.



Claiming multiple bulk billing incentive items

These items can be claimed more than once, where more than one MBS item is provided.

For example, if a Level B surgery consultation item (Item 23), ECG—tracing and report (Item 11700) and pregnancy test (Item 73806) was provided, you'd claim for:

- Item 23 (Level B surgery consultation)
- Item 10990 (bulk bill incentive item related to item 23)
- Item 11700 (ECG—tracing and report)
- Item 10990 (bulk bill incentive item related to item 11700)
- Item 73806 (pregnancy test)
- Item 74990 (bulk billing incentive item related to item 73806).

Remember

Bulk bill incentive item numbers for diagnostic imaging are 64990 or 64991 and pathology services are 74990 or 74991.

Where a Medicare benefit isn't payable for a service, any related bulk bill incentive item won't be paid. For example, if we reject a health check (item 715) for a patient because they already had one 2 months ago, we'd also reject the related bulk bill incentive item (for example, item 10990).



Top three claim rejection reasons and how to avoid them

These are the top three rejection codes used in Medicare claims. Here's some help on how to avoid them.

Code	Description	How to avoid the rejection
141	No benefit for services performed by this provider	Use the MBS item checker in HPOS to make sure you: <ul style="list-style-type: none">• use the right provider number for the location the doctor is practising from• claim the right items for the doctor—for example, claiming item 23 when you should be claiming item 53
160	Maximum number of services for this item already paid	Use the MBS item checker in HPOS before you claim to make sure the patient can get the service the doctor will be providing. For example, before providing a health check, make sure the patient hasn't already had a health check in the last 9 months
619	Servicing provider number not open at date of service	<ul style="list-style-type: none">• Use the MBS item checker in HPOS to make sure you have the right provider number for the location the doctor is practising at• Submit claims regularly

MBS item checker

Go to page 15 of this guide for more information on the MBS item checker.

Aboriginal and Torres Strait Islander Access Line

 **1800 556 955**

A free call telephone service that helps Aboriginal and Torres Strait Islander Australians get information about, or access to, Medicare services and programs.

This service is supported by staff who are culturally aware of the special conditions that may affect Aboriginal and Torres Strait Islander Australians.

Note: Call charges apply from mobile phones.

Aboriginal and Torres Strait Islander Australians who don't have identification, such as a birth certificate, can enrol in Medicare with our *Aboriginal and Torres Strait Islander Medicare enrolment and amendment form* (0905). Your patients can also enrol or change their details by going to humanservices.gov.au and search for Medicare Voluntary Indigenous Identifier.



Medicare online accounts and the Express Plus Medicare mobile app

This is a secure way for your patients to access a range of Medicare services at any time.

Some of the services include:

- requesting a new Medicare card
- updating their address details
- viewing medicare claims history
- checking balances for Medicare Safety Net.

For more information and a full list of services go to **humanservices.gov.au/medicareonline**

Contacts and useful references

Medicare

Health Professional Online Services (HPOS) and electronic claiming	132 150 (option 6) Monday to Friday, 9.00 am to 5.00 pm, Australian Western Standard Time
Medicare Aboriginal and Torres Strait Islander Access Line	1800 556 955 Monday to Friday, 8.30 am to 5.00 pm, local time
Medicare Benefits Schedule (MBS)	mbsonline.gov.au
Medicare provider registration	132 150 (option 2) 24 hours, 7 days medicare.prov@humanservices.gov.au
MBS item questions	132 150 (option 3) Monday to Friday, 8.30 am to 5.00 pm, local time askmbs@humanservices.gov.au

PBS

Aboriginal Health Services claiming and supply of PBS items	132 290 24 hours, 7 days qld.ahs@humanservices.gov.au
PBS online	pbs.gov.au

Other

eBusiness Service Centre	1800 700 199 Monday to Friday, 8.00 am to 5.00 pm, local time ebusiness@humanservices.gov.au
Family and Domestic Violence	humanservices.gov.au/enough 1800RESPECT.org.au and 1800 737 732 Mensline.org.au and 1300 789 978
Practice Incentives Program	1800 222 032 Monday to Friday, 8.30 am to 5.00 pm, Australian Central Standard Time pip@humanservices.gov.au

