

# July 2022

## MBS Items for use in Nurse Clinics

For information on MBS items introduced in response to the COVID-19 pandemic, please visit [MBS online](#).

All items described here are hyperlinked to MBS descriptors. Click on the item number for more information

Item	Description	Rebate	Claim Rules Check <a href="http://mbsonline.gov.au">mbsonline.gov.au</a> for details.	Notes
<b>CHRONIC DISEASE MANAGEMENT/CARE PLANNING</b>				
<a href="#">721</a>	Preparation of a GP Management Plan (GPMP)	\$152.50	<ul style="list-style-type: none"> <li>Once in each 12-month period</li> <li>Patient must have at least 1 medical condition that has been present for 6 months or is terminal</li> <li>Management of chronic or terminal medical conditions</li> <li>Patient-agreed goals &amp; activities documented</li> <li>Practice Nurse may assist in undertaking activities related to the item's requirements</li> <li>Available to patients in the community and private in-patients in a hospital being discharged from a hospital (including private in-patients from aged care facilities). Not available for public in-patients or people in aged care facilities.</li> </ul> <p>Co-claiming restrictions apply. (cannot claim attendance item at the same time)  <a href="#">Click here</a> for detailed CDM requirements when claiming care planning services</p>	<p>Nurses can assist with:</p> <ul style="list-style-type: none"> <li>obtaining patient consent to participate</li> <li>maintaining registers of patients</li> <li>checking that all tests have been completed</li> <li>updating patient health summary and lifestyle information</li> <li>assessing a patient's ability to self-manage</li> <li>identify patient's needs</li> <li>provide health coaching</li> <li>make arrangement for services</li> <li>review care plan progress</li> <li>ensuring patients are offered a copy of the GPMP</li> <li>creating recalls/reminders</li> </ul>

CHRONIC DISEASE MANAGEMENT/CARE PLANNING (Continued)				
Item	Description	Rebate	Claim Rules Check <a href="http://mbsonline.gov.au">mbsonline.gov.au</a> for details.	Notes
<a href="#">723</a>	Coordination of Team Care Arrangements (TCAs) Patients with chronic or terminal medical conditions with complex care needs needing multidisciplinary approach	\$120.85	<ul style="list-style-type: none"> <li>Once in each 12-month period</li> <li>All claim rules for GPMP apply to TCA and in addition. <ul style="list-style-type: none"> <li>Extension of GPMP – needs 2 providers (specialist/allied health/other) in addition to GP to manage CD conditions</li> <li>Evidence required of collaboration with providers PRIOR to claiming</li> </ul> </li> </ul> <p>5 allied health visits supported per year via referral form</p>	<p>Nurses can assist with;</p> <ul style="list-style-type: none"> <li>coordinating collaboration with providers</li> <li>ensuring patient consent to participate is documented</li> <li>incorporating provider feedback into the TCA (or review)</li> <li>ensuring patients are offered a copy of the TCA</li> <li>creating recalls/reminders for reviews and new plans</li> </ul>
<a href="#">732</a>	Review of GPMP or coordination of a review of Team Care Arrangements	\$76.15	<ul style="list-style-type: none"> <li>Not more than once every 3 months</li> <li>Practice Nurse may assist in undertaking activities related to the item's requirements</li> <li>Co-claiming restrictions apply (cannot claim attendance item at the same time)</li> </ul>	<ul style="list-style-type: none"> <li>Can be claimed twice on the same day but each review (GPMP/TCA) must have individual time stamp.</li> <li>Care plan reviews are important parts of providing effective and proactive chronic disease care</li> <li>See notes for 721/723</li> <li>The frequency of reviews should be aligned with the clinical need of the patient</li> </ul>
<a href="#">10997</a> Nurse Item	Services provided by a nurse or Aboriginal and Torres Strait Islander health practitioner for patients on a care plan	\$12.70	<ul style="list-style-type: none"> <li>Maximum of 5 services per calendar year</li> <li>Under the supervision of a GP</li> <li>The patient has a GPMP and/or TCA in place</li> <li>Service is consistent with the care plan</li> </ul>	<ul style="list-style-type: none"> <li>May be used to monitor clinical progress, medication compliance, provide self-management advice and record information to support the GP.</li> </ul>

CHRONIC DISEASE MANAGEMENT/CARE PLANNING (Continued)				
Item	Description	Rebate	Claim Rules Check <a href="http://mbsonline.gov.au">mbsonline.gov.au</a> for details.	Notes
<a href="#">10987</a> Nurse Item	Services provided by a nurse or Aboriginal and Torres Strait Islander health practitioner for an Aboriginal or Torres Strait Islander person who has received a health assessment	\$25.35	<ul style="list-style-type: none"> <li>Maximum 10 services per patient per year</li> </ul>	<ul style="list-style-type: none"> <li>Provided in association with item 715 or 93470</li> <li>Note double Medicare rebate and services</li> </ul>
<a href="#">729</a>	Contribution by a GP to a multidisciplinary care plan or to a review for a patient who is not in an aged care facility	\$74.40	<ul style="list-style-type: none"> <li>Not more than once every 3 months</li> <li>Where GPMP created by another GP</li> <li>The contributing GP must provide a different service to the patient than the GP who created the plan</li> </ul>	<ul style="list-style-type: none"> <li>Consider how GP special interests could facilitate the use of this item number.</li> </ul>
<a href="#">731</a>	Contribution by a GP to a multidisciplinary care plan or to a review for a patient in an aged care facility	\$74.40	<ul style="list-style-type: none"> <li>Not more than once every 3 months</li> <li>Care plan created by RACF</li> <li>Only available to residents in aged care facilities</li> <li>Co-claiming restrictions apply – cannot bill at same time as attendance item</li> </ul>	Nurses can assist for same activities as for 721/723

MEDICATION MANAGEMENT				
Item	Description	Rebate	Claim Rules Check <a href="http://mbsonline.gov.au">mbsonline.gov.au</a> for details.	Notes
<a href="#">900</a>	Domiciliary Medication Management Review (DMMR)	\$163.70	<ul style="list-style-type: none"> <li>Once in each 12-month period, except if there is a significant change in the patient's condition</li> <li>For people with 5+ medications and/or 12+ doses per day</li> <li>Not having therapeutic goals met</li> <li>Significant medication changes in last 3 months</li> <li>Medications with narrow therapeutic index</li> <li>Symptoms of adverse reaction</li> <li>Inability to manage medication or suspected noncompliance</li> <li>Attending multiple health providers</li> <li>Recent hospital/facility discharge</li> <li>Chronic condition(s)</li> <li>Requires pharmacist &amp; follow up visit with GP to assess outcome</li> </ul> <p>Only claim once all activities have been completed</p>	<p>Practice Nurse may assist by:</p> <ul style="list-style-type: none"> <li>identifying eligible patients (e.g. whilst performing care plan activities)</li> <li>Documenting patient consent</li> <li>by collecting and recording information</li> <li>managing recalls/reminders</li> </ul>
<a href="#">903</a>	Residential Medication Management Review (RMMR)	\$112.05	<ul style="list-style-type: none"> <li>Once in each 12-month period, except if there is significant change in the patient's condition</li> <li>Available to residents of aged care facilities who have complex medication regimens</li> <li>Not available to people receiving respite care in RACF</li> <li>Claim rules as for 900</li> </ul>	As for 900

HEALTH ASSESSMENTS				
Item	Description	Rebate	Claim Rules Check <a href="http://mbsonline.gov.au">mbsonline.gov.au</a> for details.	Notes
<a href="#">701</a>	Health assessment – brief <30 min)	\$62.75	For all Health Assessments (items 701 – 707); Eligibility groups; <ul style="list-style-type: none"> <li>• 40-49 high risk of diabetes (3 yearly)</li> <li>• 45-49 at risk CD (once)</li> <li>• &gt;75-year-old (annual)</li> <li>• RACF residents (annual)</li> <li>• Intellectual disability (annual)</li> <li>• Refugees with Medicare access (once)</li> <li>• Former ADF members (once)</li> </ul>	For all Health Assessments (items 701-707): Practice Nurse may assist GP by <ul style="list-style-type: none"> <li>• Documenting patient consent</li> <li>• collecting and documenting clinical information</li> <li>• providing the patient with information about recommended intervention at the direction of the GP.</li> <li>• Proving a copy of the health assessment to the patient</li> <li>• Managing recalls/reminders</li> </ul>
<a href="#">703</a>	Health assessment – standard 30-45 mins	\$145.80		
<a href="#">705</a>	Health assessment – long 45-60 mins	\$201.15		
<a href="#">707</a>	Health assessment – prolonged	\$284.20		
<a href="#">715</a>	Aboriginal and Torres Strait Islander Peoples Health Assessment	\$224.40	<ul style="list-style-type: none"> <li>• Age categories: child less than 15 years, person 15-54, older person 55 and over</li> <li>• Must be offered if patient registered for CTG/PBS programs (PIP)</li> <li>• Once in a 9-month period</li> </ul> Not available to in-patients or residents of an aged care facility (RACF)	<ul style="list-style-type: none"> <li>• Health assessment templates available for the different age groups</li> </ul> Activities by nurse as for 701-715
<a href="#">10987</a> Nurse Item	Services provided by a nurse or Aboriginal and Torres Strait Islander health practitioner for an Aboriginal or Torres Strait Islander person who has received a health assessment	\$25.35	<ul style="list-style-type: none"> <li>• Maximum 10 services per patient per year</li> </ul>	<ul style="list-style-type: none"> <li>• Provided in association with item 715 or 93470</li> <li>• Note double Medicare rebate and services compared to item 10997</li> </ul>
<a href="#">699</a>	Heart health assessment	\$76.95	<ul style="list-style-type: none"> <li>• Identify cardiovascular disease (CVD) in people over the age of 30</li> <li>• Identify cardiovascular disease (CVD) in Aboriginal and Torres Strait Islander persons over 30</li> <li>• &gt;20 mins assessment by GP</li> </ul>	<ul style="list-style-type: none"> <li>• Activities by nurse as for 701- 707</li> <li>• <a href="#">Helpful Heart Foundation Heart Health Check Toolkit</a></li> </ul>

CVD SCREENING & MANAGEMENT (Include patients with diabetes)				
Item	Description	Rebate	Claim Rules Check <a href="http://mbsonline.gov.au">mbsonline.gov.au</a> for details.	Notes
<a href="#">699</a>	Heart health assessment	\$76.95	<ul style="list-style-type: none"> <li>Identify cardiovascular disease (CVD) in people over the age of 30</li> <li>Identify cardiovascular disease (CVD) in Aboriginal and Torres Strait Islander persons over 30</li> <li>&gt;20 mins assessment by GP</li> </ul>	<ul style="list-style-type: none"> <li>Activities by nurse as for 701-707</li> </ul> <a href="#">Helpful Heart Foundation Heart Health Check Toolkit</a>
<a href="#">11707</a>	12-lead ECG trace only	\$16.55	<ul style="list-style-type: none"> <li>To inform clinical decision making</li> <li>Reviewed in clinically appropriate timeframe</li> <li>Does not need full interpretation or reporting</li> <li>Not more than twice on same day</li> </ul>	<ul style="list-style-type: none"> <li>Other ECG items available for specialist services (11704, 11705, 11714). These cannot be claimed by GPs</li> </ul>
<a href="#">11607</a>	24 Hour BP monitor	\$92.60	<ul style="list-style-type: none"> <li>Continuous ambulatory BP recording 24 hours</li> <li>Systolic BP <math>\geq 140</math>mmHg and <math>\leq 180</math>mmHg</li> <li>Diastolic BP <math>\geq 90</math>mmHg and <math>\leq 110</math>mmHg</li> <li>Patient not on antihypertensives</li> <li>Includes provision of treatment plan</li> <li>Once in 12 months</li> </ul>	<ul style="list-style-type: none"> <li>Not claimable with other care planning, health assessment and ECG items</li> </ul>

CASE CONFERENCING				
Item	Description	Rebate	Claim Rules Check <a href="http://mbsonline.gov.au">mbsonline.gov.au</a> for details.	Notes
<a href="#">735</a>	Case conference – arrange 15-20 min	\$74.75	<ul style="list-style-type: none"> <li>• Patient has at least 1 medical condition present for 6 months or is terminal</li> <li>• Require ongoing care from a multidisciplinary case conference team including medical practitioner and 2 other members (not Family / Carer) may include a second medical practitioner</li> <li>• Patient does not need to be present for the case conference</li> <li>• Max 5/year</li> </ul> <p>*NEW* From 1/11/2021 Allied Health Practitioners are able to claim MBS rebates for participation in Case Conferences (MBS items 10955, 10957 &amp; 10959) Ref: <a href="http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-AHCC">http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-AHCC</a></p>	Practice Nurse may assist by: <ul style="list-style-type: none"> <li>• coordinating the case conference (date, time, invitations, relevant clinical information dissemination, technical requirements)</li> <li>• collecting and recording information</li> <li>• ensuring correct billing item(s) are claimed</li> </ul>
<a href="#">739</a>	Case conference - arrange 20-40 min	\$127.85		
<a href="#">743</a>	Case conference - arrange >40 min	\$213.15		
<a href="#">747</a>	Case conference participate 15-20 min	\$54.90		
<a href="#">750</a>	Case conference participate 20-40 min	\$94.10		
<a href="#">758</a>	Case conference participate >40 min	\$156.65		

DIABETES MANAGEMENT				
Item	Description	Rebate	Claim Rules Check <a href="http://mbsonline.gov.au">mbsonline.gov.au</a> for details.	Notes
<a href="#">2517</a>	Diabetes cycle of care - less than 20 minutes	\$39.15	<ul style="list-style-type: none"> <li>• Range of activities/measures to be completed over an 11-13 month period – cycle of care:               <ul style="list-style-type: none"> <li>○ Height (twice a cycle of care)</li> <li>○ Weight (twice a cycle of care)</li> <li>○ BMI (twice a cycle of care)</li> <li>○ BP (twice a cycle of care)</li> <li>○ Assess diabetes control by measuring HbA1c (once a year)</li> <li>○ Test for cholesterol, triglycerides and HDL cholesterol (once a year)</li> <li>○ Comprehensive eye exam (once every 2 years),</li> <li>○ Examine feet (twice a cycle of care)</li> <li>○ Smoking status- encourage cessation</li> <li>○ Test for eGFR (once a year)</li> <li>○ Test for microalbuminuria (once a year)</li> <li>○ Medication review</li> <li>○ Diet review</li> <li>○ Physical activity review</li> <li>○ Self-management advice</li> </ul> </li> </ul>	Practice Nurse may assist GP by <ul style="list-style-type: none"> <li>• collecting and recording information</li> <li>• monitoring clinical progress, medication compliance, provide self-management advice under the supervision of a GP</li> <li>• It is recommended that CVD prevention, screening and management is included when providing diabetes management services;               <ul style="list-style-type: none"> <li>• See details under 'CVD Screening' section</li> </ul> </li> </ul> **Items 2517/21/25 should only be claimed if in conjunction with GPMP/TCA and/or health assessment. For stand-alone service, use attendance item (23,36,44 etc.) due to lower rebate for 2715/21/25 and discontinuation of associated SIP items
<a href="#">2521</a>	Diabetes cycle of care – lasting at least 20 minutes	\$75.80		
<a href="#">2525</a>	Diabetes cycle of care – prolonged, lasting at least 40 minutes	\$111.60		



ASTHMA MANAGEMENT				
Item	Description	Rebate	Claim Rules Check <a href="http://mbsonline.gov.au">mbsonline.gov.au</a> for details.	Notes
<a href="#">2546</a>	Asthma cycle of care – less than 20 minutes	\$39.15	<ul style="list-style-type: none"> <li>Once in each 12-month period, except if there is a significant change in the patient's condition</li> <li>At a minimum the Asthma cycle of care includes at least 2 asthma related consultations and at least 1 of these is a planned review consult</li> </ul> Documented diagnosis and assessment of level of asthma control and severity <ul style="list-style-type: none"> <li>Review of the patient's use of and access to asthma-related medication and devices</li> <li>Provision to the patient of a written asthma action plan</li> <li>Provision of asthma self-management education</li> </ul> Review of asthma action plan	<ul style="list-style-type: none"> <li>Nurse may maintain a register of patients with chronic illness to assist management and follow-up.</li> <li>Nurse may monitor the delivery of service that would complete the cycle of care</li> <li>Nurse may make arrangements for services.</li> <li>Review cycle of care progress</li> <li>After acute episode, patients don't want to come back (feeling better) – follow up and communication is important.</li> </ul> **These items should only be claimed in conjunction with GPMP/TCA and/or health assessment. For stand-alone service, use attendance item (23,36,44 etc.) due to lower rebate for 2546/52/58 and discontinuation of associated SIP items
<a href="#">2552</a>	Asthma cycle of care – lasting at least 20 minutes	\$75.80		
<a href="#">2558</a>	Asthma cycle of care – Prolonged, lasting at least 40 minutes	\$111.60		
<a href="#">11505</a>	Spirometry 3+ recordings	\$37.00	<ul style="list-style-type: none"> <li>Pre- and post- bronchodilator recordings</li> <li>To confirm diagnosis</li> </ul> Claim once in any 12 month period	<ul style="list-style-type: none"> <li>Caution use of spirometry during Covid-19</li> </ul> <a href="#">Recommendations from Thoracic Society Aus/NZ</a>
<a href="#">11506</a>	Spirometry	\$18.50	<ul style="list-style-type: none"> <li>Pre- and post- bronchodilator recording</li> <li>Confirm diagnosis, exacerbations, monitoring, assess (COPD, asthma, other obstructive or restrictive lung functions)</li> <li>Claimable at each occasion</li> </ul>	

Nurse Service	Suggested fee	Resources required	How could this work?
Cervical screening / well women's clinic (with attendance by GP)	\$50 for 30-45 minutes plus Medicare rebate	<ul style="list-style-type: none"> <li>• Nurse credentialed for cervical screening</li> <li>• Room available</li> <li>• Appointment booking facility</li> <li>• Recall/reminder management</li> <li>• Ability to record clinical notes</li> <li>• GP for attendance</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate date/time for availability of nurse, GP and patient</li> <li>• Nurse is primary service provider</li> <li>• The fee on top of Medicare rebate is segregated to fund the nurse activity (note – practice cannot bulk bill and charge a gap fee)</li> </ul> <p>Longer time with nurse provides for a holistic service which could include</p> <ul style="list-style-type: none"> <li>• Breast check</li> <li>• Diet/lifestyle check</li> <li>• Emotional/mental health</li> </ul>
Cervical screening / well women's clinic (without attendance by GP)	\$50 for 30 -45 minutes	<ul style="list-style-type: none"> <li>• Nurse credentialed for cervical screening</li> <li>• Room available</li> <li>• Appointment booking facility</li> <li>• Recall/reminder management</li> <li>• Results follow up system for nurse</li> <li>• Marketing strategy to promote service</li> <li>• GP to refer to when required</li> </ul>	<ul style="list-style-type: none"> <li>• Easier scheduling as no coordination with GP is required</li> <li>• Nurse is sole service provider</li> <li>• No Medicare rebate – private fee service</li> <li>• Can be run at times that suit women (e.g. evenings)</li> </ul>
Wound clinic (with attendance by GP)	GP attendance item	<ul style="list-style-type: none"> <li>• Nurse skilled in wound management</li> <li>• Availability of GP</li> <li>• Appointment booking facility</li> <li>• Treatment room</li> <li>• Wound care consumables</li> </ul>	A GP reviews all wound care services provided by nurse

Nurse Service	Suggested fee	Resources required	How could this work?
Wound clinic (without attendance by GP)	\$35 for nurse plus consumable fee	<ul style="list-style-type: none"> <li>Nurse skilled in wound management</li> <li>Appointment booking facility</li> <li>Recall/reminder management</li> <li>Treatment room</li> <li>Wound care consumables</li> <li>Availability of GP (if required)</li> <li>Marketing strategy to promote the service</li> </ul>	<ul style="list-style-type: none"> <li>Private service model</li> <li>May not be attractive to bulk billing clinics</li> </ul>
Seasonal Flu Clinic – in house	Bulk billed, private fee for vaccine as appropriate	<ul style="list-style-type: none"> <li>Space for GP/nurse to work together</li> <li>Appointment booking facility</li> <li>Vaccine storage</li> <li>Adverse reaction – preparation</li> <li>Marketing strategy to promote service</li> </ul>	<ul style="list-style-type: none"> <li>Short appointments</li> <li>Nurse provides immunisation</li> <li>GP records the consultation including batch &amp; expiry of vaccine</li> <li>Cover consent, contraindications</li> <li>Patient to remain at clinic to observe for adverse reaction</li> <li>Can attend many patients over short period of time – consider need for additional reception/admin support</li> </ul>

#### Clinic ideas

- Youth clinic
- Diabetes clinic
- Asthma / breathe easy clinic
- Heart health clinic
- Men's health
- Lifestyle clinic
- Workplace immunisation clinics (e.g. schools, other businesses)
- Business wellness checks
- Group services

This resource is supported by funding from the Australian Government Department of Health under the Nursing in Primary Health Care Program