



Medicare Item Number Reference Sheet (Valid from May 1, 2010)

Item	Rebate*	Description	Requirements	Frequency
10986	\$55.00	4 year-old health check (by practice nurse on behalf of a medical practitioner)	4 year old immunisation completed before claiming. No need to see GP unless required for immunisations.	Once only
10990	\$6.65	Bulk billing incentive	Commonwealth concession card holder or Clients under 16 years	No limits
10993	\$11.35	Immunisation provided by a practice nurse on behalf of a medical practitioner	Provided on behalf of and under the supervision of a medical practitioner	Once per client visit
10996	\$11.35	Wound care provided by a practice nurse	Provided on behalf of and under the supervision of a medical practitioner	Once per client visit
10997	\$11.35	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
†701 (<30min)= \$55.00 †703 (30-45min)= \$127.80 †705 (45-60min)= \$176.30 †707 (>60min)= \$249.10		Health assessment for patients over 75 either in-surgery or at the patient's home (including Nurse & GP time)	For clients aged 75 years or more living in the community	12 months
		4 Year-old health check (by medical practitioner)	4 year old immunisation completed before claiming.	Once only (conflict with 10986)
		Type 2 diabetes risk evaluation (40-49 years of age) (including Nurse & GP time)	High risk of developing type 2 diabetes as determined by the Australian Type 2 Diabetes Risk Assessment Tool (score >15)	Every 3 years
		45-49 health assessment for patients at risk of developing a chronic disease.(including Nurse & GP time)	Patient must be at risk of developing a chronic disease At least one specific risk factor must be identified	Once only
715	\$196.65	Aboriginal and Torres Strait Islander health assessment	This item encompasses child, adult and older persons.	9 months (0-14yrs) 18 months (15-55yrs) 12 months (55+yrs)
721	\$133.65	GP management plan (GPMP)	Patient with a chronic or terminal condition expected to last 6 months or more	1-2 years
723	\$105.90	Team care arrangement (TCA)	Must involve at least 2 other health providers	1-2 years
732	\$66.80	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
900	\$143.40	Home medicine review (HMR)	For clients at risk of medication misadventure due to co-morbidities, 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)
2702	\$125.95	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)
2710	\$160.45	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	\$106.95	GP Mental Health Plan Review	There must be a 2702 or 2710 in place	3 months
2713	\$70.60	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

† Applies to all health assessments e.g. CMA For information about requirements of each item visit <http://www9.health.gov.au/mbs/search.cfm>

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