Centre for Excellence in Rural Sexual Health (CERSH)

Sexual and Reproductive Health Medicare Benefits Schedule (MBS) Guide

General Practitioner

Service	Level	Fee	In Clinic Item	Telehealth Video	Telehealth Phone	Considerations	Examples of MBS Opportunities
Routine Hours Consultation							
Brief	A	$20.55	3[1]	91790*/[1]	91890*/[1]	< 6 mins	
Standard	B	$45.05	23[1]	91800*/[1]	91891*/[1]	≥ 6 mins < 20 mins	
Long	C	$87.10	36[1]	91801*/[1]	91900*/**/[1]	≥ 20 mins < 39 mins	
Prolonged	D	$128.35	44[1]	91802*	91910*/**	≥ 40 mins < 59 mins	
Prolonged +	E	$207.90	123[1]	91920*/[1]	-	≥ 60 min	
Blood Borne Virus, Sexual and Reproductive Health Check **(No established clinical relationship applies – can use this item number if you have NOT met the patient)**							
Telehealth only – short	A	$20.55		92715[1]	92731[1]	≤ 5 mins (no established clinical relationship applies)	
Telehealth only - standard	B	$45.05		92718[1]	92734[1]	> 5 mins ≤ 20 mins (no established clinical relationship applies)	Initial consult for early medical abortion to collect essential triaging information such as LMP and other investigations needed.
Telehealth only – long	C	$87.10		92721[1]	92737[1]	> 20 mins ≤ 40 mins (no established clinical relationship applies)	
Telehealth only - prolonged	D	$128.35		92724[1]	92740[1]	> 40 mins (no established clinical relationship applies)	
Women's Health							
Routine antenatal attendance		$56.45	16500	91853	91858	No time limit. No limit to number of uses. No gestational limit.	
4-8 week postnatal attendance		$85.80	16407	91851	91856	≥ 20 mins Between 4-8 weeks after birth. Includes MHA.	
Non-directive pregnancy counselling		$91.65	4001[1]	92136[1]	92138[1]	≥ 20 mins Limit of x3 times use during/post pregnancy. Relevant training must be completed to bill this service.	Provided non-directive pregnancy counselling with options for medical termination and pathology/scan request = 23 + 4001

Service	Level	Fee	In Clinic Item	Telehealth Video	Telehealth Phone	Considerations	Examples of MBS Opportunities
Hormonal implant insertion		$103.00	14206			No time limit.	Performed CST or STI test in conjunction with implant insertion = 23 + 14206 35501 40% loading applicable.
Hormonal implant removal		$107.90	30062			No time limit.	Performed implant removal and re-insertion = 30062 + 14206 *if implant is re-introduced at a different site 35501 40% loading applicable to each.
IUD insertion		$221.55	35503			No time limit. *note, no item for IUD removal.	Performed CST or STI test in conjunction with IUD insertion and urine pregnancy test = 23 + 35503 + 73806 35501 40% loading applicable
IUD removal		Per time-tiered service	23/36/44				Billed based on time taken for consult. Can be used in conjunction with re-insertion = 23 + 35503
Ultrasound performed by GP		$41.15	55703			< 12 weeks gestational limit.	Performed ultrasound to confirm gestation after pathology requests and discussing pregnancy and termination options = 23 + 4001 + 55703
Urine pregnancy test		$10.15	73806			No limit to number of uses.	Urine pregnancy test completed in conjunction with IUD insertion = 73806 + 35503 + 35501 (40% loading)
LARC loading		40% of the service	35501			No time limit Applicable to: 14206, 30062, 35503	To be claimed in conjunction with other services for 40% loading Eg. Implanon removal 30062 + 35501 followed by Implanon re-insertion 14206 + 35501
Menopause and Perimenopause Health Assessments							
General Practitioners (GPs)		$104.55	695*/[1]			≥ 20 mins No limit to number of uses. Refer to MBS for essential clinical activity inclusions. Available until July 2027.	Practice nurses may assist in accordance with accepted medical practice under supervision of the medical practitioner. MBS Resource: A Practitioner's Toolkit
Prescribed Medical Practitioners (PMPs)		$83.60	19000*/[1]				

Service	Level	Fee	In Clinic Item	Telehealth Video	Telehealth Phone	Considerations	Examples of MBS Opportunities
Mental Health							
Mental health care plan (new) Long	GP with no training	$85.80	2700[1]	92112[1]		≥ 20 mins < 40 mins Once every 12 months.	
Mental health care plan (new) Prolonged	GP with no training	$126.35	2701[1]	92113[1]		≥ 40 mins Once every 12 months.	
Mental health care plan (new) Long	GP with relevant training	$108.95	2715[1]	92116[1]		≥ 20 mins < 40 mins Once every 12 months.	MHCP post abortion follow up = 23 + 2715
Mental health care plan (new) Prolonged	GP with relevant training	$160.50	2717[1]	92117[1]		≥ 40 mins Once every 12 months.	
Mental health care plan (review)	-	Per time-tiered service	23/36/44	-		Minimum annually.	Coding in line with general GP services

* Established clinical relationship applies (refer to MBS for guidelines and exemptions)

** Only available with MyMedicare

[1] Bulk Billing Practice Incentive Program – Eligible Service

Consider the time limits and ensure that the total consultation duration reflects the combined time for both item numbers. Example: 4001 + 23 = minimum 26 minutes. 4001 + 36 = minimum 40 minutes.

Refer to MBS for requirements and guidelines on descriptors and associated explanatory notes. Please note that the information provided is a general guide only. It is the responsibility of the treating practitioners to use their professional judgement to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation. This factsheet is current as of the last updated date shown and does not account for MBS changes since that date.

Nurse

Service	Level	Fee	In Clinic Item	Telehealth Video	Telehealth Phone	Considerations	Examples of MBS Opportunities
Routine Hours Consultation							
Antenatal service provided by a nurse or midwife or an Aboriginal and Torres strait Islander Health Practitioner on behalf of the, and under the supervision of a medical practitioner	-	$32.65	16400	91850	91855	Limit to 10x per pregnancy. Supervision of medical practitioner may be provided remotely. MM 3-5 location. Not in conjunction with other antenatal attendance. Not provided for patients admitted to hospital.	Initial consult with nurse for pregnancy related issues.

Refer to MBS for requirements and guidelines on descriptors and associated explanatory notes.

Please note that the information provided is a general guide only. It is the responsibility of the treating practitioners to use their professional judgement to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation. This factsheet is current as of the last updated date shown and does not account for MBS changes since that date.

Nurse Practitioner

Service	Fee	In Clinic Item	Telehealth Video	Telehealth Phone	Considerations	Examples of MBS Opportunities
Routine Hours Consultation						
Brief	$14.95	82200	91192*	91193*	< 6 mins	
Standard	$32.65	82205	91178*/**	91189*	≥ 6 mins < 20 mins	
Long	$61.80	82210	91179*/**	91190*	≥ 20 mins < 40 mins	
Prolonged	$91.20	82215	91180*/**	91191*	≥ 40 mins < 60 mins	
Prolonged +	$137.85	82216	91206*	-	≥ 60 mins	
Women's Health						
IUD insertion	$221.55	82201	-	-	No time limit.	Performed CST or STI test in conjunction with IUD insertion = 82205 + 82201
Hormonal implant removal	$107.90	82202	-	-	No time limit.	
Hormonal implant insertion	$103.00	82203	-	-	No time limit.	
LARC loading	40% of the service	82204	-	-	No time limit Applicable to: 82201, 82202, 82203. Services must be bulk billed.	Used in conjunction with other services. Eg. for Implanon removal (82202 + 82204) and re-insertion (82203 + 82204)
Service discontinuance	50% of the relevant service	82205	-	-	Applicable to: 82201 and 82202 if the procedure is discontinued on clinical grounds	

* Established clinical relationship applies (refer to MBS for guidelines and exemptions)

** Established clinical relationship applies (refer to MBS for guidelines and exemptions) **OR** registered with MyMedicare

Refer to MBS for requirements and guidelines on descriptors and associated explanatory notes.

Please note that the information provided is a general guide only. It is the responsibility of the treating practitioners to use their professional judgement to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation. This factsheet is current as of the last updated date shown and does not account for MBS changes since that date.

Abbreviations

CST	Cervical Screening Test
GP	General Practitioner
IUD	Intrauterine Device
LMP	Last Menstrual Period
LARC	Long Acting Reversable Contraceptive

MHA	Mental Health Assessment
MHCP	Mental Health Care Plan
MM	Modified Monash
PMP	Prescribed Medical Practitioners
STI	Sexually Transmissible Infections

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