Bulk billing incentives: which item to bill

For GPs at a Modified Monash 1 (Metropolitan Area) practice: the incentive that goes with each consult, when both are bulk billed.

Every incentive, its rules, and its MBS sources

Which incentive goes with each consult

Consult billed	10990 $8.80	75870 $26.35	75880 $26.35 MyMedicare registered patients only
Standard hours consultations: in consulting rooms	3	23, 36, 44, 123	—
Standard hours consultations: out of consulting rooms	4	24, 37, 47, 124	—
Standard hours consultations: residential care home	90020	90035, 90043, 90051, 90054	—
Video consultations	91790 (all); 91801, 91802, 91920 if not MyMedicare registered	91800	91801, 91802, 91920
Phone consultations	91890	91891	91900, 91910
After-hours consultations: in consulting rooms	5000	5020, 5040, 5060, 5071	—
After-hours consultations: out of consulting rooms*	5003	5023, 5043, 5063, 5076	—
After-hours consultations: residential care home*	5010	5028, 5049, 5067, 5077	—
Other	All other "unreferred services", including but not limited to: chronic condition management items, Better Access mental health items, health assessments, minor procedures etc.	—	—

* If service is provided in an MM 2 – 7 area by a GP whose practice is located in an MM 1 area, then BBI item number **10992** is claimed.

* If service is provided in an MM 2 – 7 area by a GP whose practice is located in an MM 1 area, then BBI item number **75872** is claimed.

Examples

- Item **23**, a GP Level B consult in rooms, and a procedure at the same visit, both bulk billed: **75870** with the 23, and **10990** with the procedure. One incentive goes with each item billed.
- Item **3**, a GP Level A consult in rooms: **10990**, not **75870**.
- Item **91801**, a GP video consult Level C: **75880** (MyMedicare registered patients only), otherwise **10990**.

Your practice's area

The items go by the Modified Monash (MM) area of the practice your provider number belongs to. Check it on the Health Workforce Locator. **Since 1 November 2026**, areas follow the 2023 Modified Monash categories, so check again if you last checked before then.

The rules

- **Which patients:** "All patients eligible for Medicare are eligible for BBIs when relevant services are bulk billed. Admitted hospital patients are not eligible for BBIs." MN.1.8
- An extra payment when a doctor bulk bills an unreferred service. MN.1.8
- One incentive goes with each MBS item billed: a consultation and a procedure at the same visit each carry their own. MN.1.8
- Not for pathology or diagnostic imaging items: those have their own incentives. MN.1.8
- Not for admitted hospital patients. MN.1.8
- Not for a nurse practitioner's services: the incentives are paid to medical practitioners, and an unreferred service is one given by, or on behalf of, a medical practitioner. MN.1.8

Every practice area's items

Practice Location	Level B, C, D, E (face to face) Level B (phone and video)	Level C, D, E (phone and video) and the patient is registered in MyMedicare	All other eligible services not covered above
MM1 Metropolitan Areas	75870 $26.35	75880 $26.35	10990 $8.80
MM1 (but service is provided after-hours in MM 2-7)	75872 $40.10	None	10992 $13.35
MM2 Regional centres	75871 $40.10	75881 $40.10	10991 $13.35
MM3-4 Large or medium rural towns	75873 $42.60	75882 $42.60	75855 $14.10
MM5 Small rural towns	75874 $45.30	75883 $45.30	75856 $15.10
MM6 Remote communities	75875 $47.80	75884 $47.80	75857 $15.85
MM7 Very remote communities	75876 $50.75	75885 $50.75	75858 $16.95

Free to print and share. Every incentive, its rules, and its MBS sources: mbsdesk.com.au/items/75870

Not sure what to bill? Check a consult at mbsdesk.com.au

From the MBS in force from 1 November 2026, checked 1 November 2026, from MBS Online (MBS notes MN.1.3 and MN.1.8). Fees are schedule fees. General information, not billing advice: check the current MBS before you bill.