

MBS quick guide for GPs: November 2026

For the MBS from 1 November 2026. Fees are the schedule fees from 1 July 2026, which don't change on 1 November 2026.

What's new on 1 November 2026

- GPs can prepare and review a GP chronic condition management plan by phone: 92033 and 92034, at \$160.60, the same fee as in person.
- The Medicare Healthy Kids Check starts: one health assessment for each child at age 3, billed with the time-tiered health assessment items (701 to 707).
- Item 11607, 24-hour blood pressure monitoring, opens to children aged 5 to 17.
- Practices' locations move to the 2023 Modified Monash categories, which decide the bulk billing incentive items a practice claims. Check yours on the Health Workforce Locator.
- Schedule fees don't change. The 85% benefit falls by up to \$4.00 on 329 items with fees of \$700 or more.

New: GP care plans by phone

Item	What it is	Fee	Medicare pays
92033	GP by phone: prepare a chronic condition management plan	\$160.60	100% (\$160.60)
92034	GP by phone: review a chronic condition management plan	\$160.60	100% (\$160.60)
92063	Prescribed medical practitioner by phone: prepare a plan	\$128.55	100% (\$128.55)
92064	Prescribed medical practitioner by phone: review a plan	\$128.55	100% (\$128.55)

New: the Medicare Healthy Kids Check

- From 1 November 2026, a GP or prescribed medical practitioner can do a Medicare Healthy Kids Check for a Medicare-eligible 3-year-old, once in the child's lifetime. It assesses the child's physical, social, and emotional development, health, and wellbeing, to pick up developmental delay and neurodevelopmental differences early and connect the child with support (including Thriving Kids supports) or further assessment.
- There's no new item number. A GP bills the health assessment item for the time taken: 701 (30 minutes or less, \$71.00), 703 (more than 30 and less than 45 minutes, \$165.05), 705 (45 to less than 60 minutes, \$227.75), or 707 (60 minutes or more, \$321.75). A prescribed medical practitioner bills 224 to 227 (\$56.85 to \$257.40).
- It must include a history, a basic examination, advice to the parent or carer, any interventions and referrals, a record in the child's notes, and the offer of a written report to the parent or carer. The history covers medical history (with immunisation status and allergies), behaviour and wellbeing, developmental milestones, family and social circumstances, care arrangements, early childhood education and care, nutrition, physical activity, screen use, sleep, and toileting. The examination covers eyesight, hearing, teeth and gums, and growth: height, weight, and body mass index on centile charts.
- A second assessment at age 3, or one for a child under 3 or over 4, is billed as an ordinary time-based consultation, such as 23 or 36.
- An Aboriginal or Torres Strait Islander child can have the Aboriginal and Torres Strait Islander health check (715) as well, as long as both are clinically relevant.

Bulk billing incentives: check your practice's area

- Practices' locations move to the 2023 Modified Monash categories. A practice's category decides which bulk billing incentive items it claims, so a practice whose category changed in 2023 may claim different ones from 1 November. The Health Workforce Locator shows a practice's category from its address.

Practice's area	Level B–E consults	MyMedicare video and phone	Other services
MM 1: metropolitan	75870 (\$26.35)	75880 (\$26.35)	10990 (\$8.80)
MM 2: regional centres	75871 (\$40.10)	75881 (\$40.10)	10991 (\$13.35)
MM 3–4: medium and large rural towns	75873 (\$42.60)	75882 (\$42.60)	75855 (\$14.10)
MM 5: small rural towns	75874 (\$45.30)	75883 (\$45.30)	75856 (\$15.10)
MM 6: remote communities	75875 (\$47.80)	75884 (\$47.80)	75857 (\$15.85)
MM 7: very remote communities	75876 (\$50.75)	75885 (\$50.75)	75858 (\$16.95)

Level B–E consults include Level B by video or phone. The MyMedicare column is for Level C–E video and Level C–D phone consults with a patient registered in MyMedicare at the practice. Other services are the rest of the unreferred services bulk billed: Level A consults, longer video and phone consults with patients not registered in MyMedicare, care plans, health assessments, and procedures. These items and their fees don't change on 1 November.

What isn't changing

- Schedule fees. None changes on 1 November 2026: they last changed on 1 July 2026.
- Plans made before 1 July 2025. Allied health, Aboriginal and Torres Strait Islander health worker, and practice nurse services can still be given under a GP management plan or team care arrangements made before 1 July 2025, until 30 June 2027.

Every change, with the MBS source for each: mbsdesk.com.au/updates/november-2026

General information, not billing advice. The claim is yours: check the current MBS before you bill.

MBS item numbers for GPs

Every service MBS Desk covers, with its most-searched items and its fees from the MBS in force from 1 August 2026. Each item's rules and sources: mbsdesk.com.au/items

Consultations

Acupuncture	193, 195, 197, 199	\$44.30–\$126.35
General consultation	91891, 23, 36, 3, 4, 24 and 147 more	\$8.50–\$239.45
Patient-end support for a specialist video consultation	373, 374, 375, 376, 377, 378 and 26 more	\$53.15–\$238.95
Prolonged attendance on a patient in imminent danger of death	160, 161, 162, 163, 164, 214 and 4 more	\$212.20–\$883.80
Urgent after-hours attendance	585, 588, 591, 594, 599, 600 and 2 more	\$50.20–\$183.15

Mental health

Eating disorder plan review	90264, 90265, 92170, 92171, 92176, 92177	\$68.65–\$85.80
Eating disorder psychological treatment (EDPT) session	90271, 90272, 90273, 90274, 90275, 90276 and 10 more	\$88.85–\$158.90
Eating disorder treatment and management plan (EDTMP)	90250, 90251, 90252, 90253, 90254, 90255 and 10 more	\$68.65–\$160.50
Family group therapy	170, 171, 172, 221, 222, 223	\$112.50–\$180.35
Focussed psychological strategies (FPS) session	283, 285, 286, 287, 309, 311 and 26 more	\$88.80–\$158.90
Mental health case conference	930, 933, 935, 937, 943, 945 and 6 more	\$49.75–\$241.25
Mental health treatment plan (MHTP)	2715, 272, 276, 281, 282, 2700 and 10 more	\$68.65–\$160.50
Postnatal check at 4 to 8 weeks	16407, 91851, 91856	\$85.80
Pregnancy planning and management visit (after 28 weeks)	16590, 16591	\$170.75–\$446.15
Pregnancy support counselling	792, 4001, 92136, 92137, 92138, 92139	\$73.35–\$91.65

Care plans, case conferences, and medication reviews

Cancer case conference (multidisciplinary team meeting)	243, 244, 871, 872	\$30.95–\$97.55
Care plan review (GP chronic condition management plan)	967, 393, 92030, 92061	\$128.55–\$160.60
Contribution to a multidisciplinary care plan (aged care facility or hospital plan)	231, 232, 729, 731, 92026, 92027 and 2 more	\$67.40–\$84.25
Eligible disability treatment and management plan (under 25)	137, 139, 92141, 92142	\$161.05–\$320.55
GP chronic condition management plan (care plan)	965, 92029, 392, 92060	\$128.55–\$160.60
Medication management review (HMR or RMMR)	900, 245, 249, 903	\$101.45–\$185.35
Multidisciplinary case conference	235, 236, 237, 238, 239, 240 and 6 more	\$49.75–\$241.25

Practice nurse service for a patient with a care plan	10997, 93201, 93203	\$14.35–\$17.00
Health assessments		
Aboriginal and Torres Strait Islander health check	715, 228, 92004, 92011	\$203.25–\$254.10
Health assessment (75+, aged care, and other target groups)	224, 225, 226, 227, 701, 703 and 2 more	\$56.85–\$321.75
Heart health check	699, 177	\$69.70–\$87.10
Menopause health assessment (menopause and perimenopause)	695, 19000	\$83.60–\$104.55
Practice nurse follow-up after a health check (Aboriginal and Torres Strait Islander patient)	10987, 93200, 93202	\$28.70–\$33.70
Pregnancy		
Antenatal check	16406, 16500, 91853, 91858	\$56.45–\$160.35
Antenatal CTG	16514	\$43.85
Antenatal visit with a practice nurse, midwife, or Aboriginal and Torres Strait Islander health practitioner	16400, 91850, 91855	\$32.65
Postnatal visit 1 to 4 weeks after a private birth	16408, 91852, 91857	\$63.90
Pregnancy test in the rooms	73527, 73806, 73833	\$10.15–\$10.50
Pregnancy ultrasound done in the practice	55700, 55703, 55704, 55705, 55706, 55709 and 8 more	\$41.15–\$176.70
Contraception, women's health, and men's health		
Bartholin's cyst or abscess marsupialisation	35517	\$174.85
Cervical biopsy, cautery, or ablation	35608, 35644	\$76.55–\$243.75
Cervical or vaginal polyp removal	35611	\$76.55
Circumcision	30654, 30658	\$55.60–\$169.90
Colposcopy	35614	\$76.45
Contraceptive implant removal	30062, 82202	\$107.90
Endometrial biopsy (pipelle)	35620	\$63.85
Hormone implant insertion (e.g. Implanon)	14203, 14206, 82203	\$61.20–\$103.00
IUD insertion	35503, 82201	\$221.55
LARC bulk-billing loading	35501, 82204	
Penile frenuloplasty	37435	\$111.70
Penile injection for erectile dysfunction	37415	\$55.75
Vasectomy	37623	\$275.15
Skin and skin cancer		
Accessory nipple excision	31566	\$155.55
Excision of four or more small lesions	31220, 31221, 31225	\$256.70–\$456.40

Flap revision	45239	\$313.15
Fungal microscopy of skin, hair, or nails in the rooms	73810, 73837	\$6.90
Intralesional steroid injection (keloid or other skin lesions)	30207, 30210	\$53.35–\$195.05
Lump excision (lipoma, cyst, or soft tissue tumour)	30611, 31227, 31344, 31345, 31350, 31355	\$160.30–\$855.20
Muscle, bone, or cartilage excision with a skin cancer	31340	
Patch testing for allergic dermatitis	12012, 12017	\$24.90–\$84.05
Sinus excision (skin sinus track)	30099, 30103	\$107.75–\$220.15
Skin flap repair	45200, 45201, 45202, 45203, 45206, 45207	\$340.30–\$495.40
Skin graft (split or full thickness)	45440, 45443, 45451	\$340.30–\$702.00
Skin lesion destruction (freezing, curette, cautery, laser)	30187, 30189, 30190, 30191, 30192, 30196 and 4 more	\$47.30–\$476.00
Skin lesion excision	31366, 31363, 31250, 31356, 31357, 31358 and 26 more	\$114.30–\$855.20
Skin or mucous membrane biopsy	30071, 30072, 35615	\$62.55–\$84.25
Vascular anomaly excision (pyogenic granuloma, haemangioma, or vascular malformation)	45030, 45045	\$162.45–\$369.20
Vermilionectomy (lip shave)	45668, 45669	\$390.25
Wedge excision of the lip, eyelid, or ear	45665	\$390.25
Wounds and burns		
Burns dressing	30003, 30006, 30007, 30010, 30014, 30015 and 3 more	\$43.50–\$418.45
Full-thickness laceration repair (ear, eyelid, nose, or lip)	30052	\$304.00
Wound debridement	30023, 30024	\$390.25
Wound repair (laceration repair)	30026, 30029, 30032, 30035, 30038, 30042 and 2 more	\$62.55–\$222.10
Tests and imaging in the practice		
12-lead ECG	11707, 11714	\$22.00–\$29.00
24-hour ambulatory blood pressure monitoring (ABPM)	11607	\$123.20
Ankle-brachial index (or wrist-brachial index) with waveform analysis	11610, 11611	\$76.25
Audiometry (audiogram)	11306, 11309, 11312, 11315, 11318	\$26.20–\$72.70
Blood chemistry tests in the practice's lab	66500, 66503, 66506, 66509, 66512	\$9.70–\$17.70
Blood count tests in the rooms	65060, 65070, 73802, 73803, 73804, 73829 and 2 more	\$4.55–\$17.80
Blood gas analysis in the practice's lab	66566, 66569	\$33.70–\$42.60

Clotting test (such as INR) in the practice's lab	65120, 65123	\$14.40–\$21.40
Diabetic eye check with a retinal camera	12325, 12326	\$59.75
Faecal occult blood test in the rooms	73809, 73836	\$2.35
Foreign body localisation on X-ray	59103	\$25.05
Gram stain microscopy in the rooms	73808, 73835	\$8.65
HDL cholesterol in the practice's lab	66536	\$11.05
imaging bulk-billing incentive	64990, 64991, 64992, 64993, 64994, 64995	\$8.25–\$16.35
Mantoux test	73811	\$11.20
pathology bulk-billing incentive	74990, 74991, 75861, 75862, 75863, 75864	\$8.25–\$16.35
Plain X-ray taken in the practice	57506, 57509, 57512, 57515, 57518, 57521 and 31 more	\$35.05–\$129.55
Point-of-care HbA1c for known diabetes	66551, 66554, 73812, 73826, 73840	\$11.80–\$17.00
QAAMS HbA1c to diagnose diabetes	66841, 73839	\$16.80
QAAMS urine albumin/creatinine ratio	66560, 73844	\$20.10–\$20.35
Semen check for sperm in the rooms	73801, 73828	\$6.90
Skin prick testing for airborne allergens	12001, 12002	\$46.60
Spirometry	11505, 11506	\$24.60–\$49.30
Troponin or cardiac marker test in the practice's lab	66518, 66519	\$20.05–\$40.15
Tympanometry (impedance audiogram)	11324	\$23.75
Ultrasound scan done in the practice	55032, 55033, 55036, 55037, 55038, 55039 and 50 more	\$40.05–\$142.65
Urine microscopy in the rooms	73805, 73832	\$4.55
Venous Doppler test for reflux or blockage	11602	\$69.10
Wet film microscopy in the rooms	73807, 73834	\$6.90

Practice nurse and Aboriginal health worker services

Nurse or Aboriginal health worker support during a specialist video consult	10983	\$38.85
Vaccine given by an Aboriginal and Torres Strait Islander health practitioner	10988	\$14.35
Wound care by an Aboriginal and Torres Strait Islander health practitioner	10989	\$14.35

Other procedures

Accessing a port or long-term line (flush, bloods, or drugs)	14221	\$62.85
Anal skin tag or polyp excision	32235	\$146.55
Biopsy of a lymph node, muscle, or deep tissue	30075	\$179.25
Bladder catheterisation	36800	\$33.00
Carpal tunnel release	39331	\$331.25
Chalazion removal (tarsal cyst)	42575	\$99.00

Complete nail matrix ablation	46534, 47918	\$281.85
Dislocation reduction (closed)	47003, 47009, 47015, 47018, 47024, 47030 and 7 more	\$84.65–\$505.35
Ear microscopy or endoscopy (including microsuction)	41647	\$131.55
Extensor tendon repair	46420, 47954	\$244.85–\$450.65
Foreign body removal	30061, 30064, 30068, 41500, 41659, 42644	\$28.15–\$331.25
Fracture treatment (cast, splint, sling, or closed reduction)	47301, 47304, 47348, 47354, 47361, 47362 and 25 more	\$51.50–\$686.30
Ganglion excision	30107, 46498, 46500, 46501	\$263.15–\$394.05
Gastric band adjustment	31587	\$117.25
Gastrostomy button or stoma device change (10 or over)	30483	\$211.90
Gastrostomy button or stoma device change (under 10)	30636	\$279.10
Haematoma aspiration	30216	\$32.75
Haemorrhoid banding, injection, or coagulation	32135	\$80.80
Hydrocele tapping (aspiration)	30628	\$42.60
Incision and drainage (abscess, boil, haematoma)	30219, 30223, 32147, 32174, 32175, 41807 and 2 more	\$32.75–\$195.05
Mucosal lesion excision	31206, 31211, 31216, 31400, 31403, 31406	\$114.30–\$601.05
Nail removal (avulsion)	46513, 47904, 47906	\$67.60–\$135.05
Nasal cautery or packing (nosebleeds)	41656, 41674, 41677	\$107.75–\$146.95
Needle fasciotomy for Dupuytren's contracture	46370	\$153.15
Nipple or areola tattooing	45546, 82228	\$236.80
Partial nail resection with phenol (ingrowing nail)	46531, 47916	\$101.95
Poly-L-lactic acid facial injections for HIV lipoatrophy	14201, 14202	\$143.50–\$283.50
Ranula or mucous cyst removal (mouth)	30283	\$245.00
Removal of buried wires, pins, or screws	47924, 47927	\$45.10–\$169.00
Rigid sigmoidoscopy	32072, 32075	\$57.25–\$89.85
Therapeutic venesection	13757	\$87.30
Tongue tie or lip tie release	30278, 30281	\$55.60–\$142.95
Trigger finger release	46363	\$252.00
Varicose vein sclerotherapy	32500	\$131.45
Wedge resection for an ingrowing nail	46528, 47915	\$202.90
Incentives and loadings		
Aged care facility flag fall	90001, 90002	\$47.80–\$65.80
bulk-billing incentive	75870, 10990, 10991, 10992, 75855, 75856 and 14 more	\$8.80–\$50.75