



MBS Review recommendations: Emergency Medicine services

Date of change: **1 March 2020**

New items: Emergency Medicine Attendance Items

5001	5004	5011	5012	5013	5014	5016	5017	5019	5021	5022
5027	5030	5031	5032	5033	5035	5036	5039	5041	5042	5044

Emergency Medicine Procedure Items

14255	14256	14257	14258	14259	14260	14263	14264	14265
14266	14270	14272	14277	14278	14280	14283	14285	14288

Deleted items: **501 503 507 511 515 519 520 530 532 534 536**

Revised structure

From 1 March 2020, there will be a revised structure for items for emergency medicine services provided at recognised emergency medicine departments of private hospitals. The revised structure includes replacing existing emergency medicine attendance items with a new base item structure for emergency medicine physicians. A range of emergency medicine procedure items have been introduced to be claimed in conjunction with the new base items. Mirror items are included to encourage doctors to gain emergency medicine experience. The fee for these items is 75% of the equivalent emergency medicine physician service.

- The revised structure contains 18 new attendance items in Group A21, 18 new procedure items in new subgroup 14 in Group T1 and deletes 11 items in Group A21.
- The revised structure more effectively categorises the level of professional involvement a service is likely to require, encourages best practice, supports patient care and safety, simplifies the MBS and provides greater billing transparency to ensure MBS services provide value to the patient and the healthcare system.
- Note that amendments will also be made to two explanatory notes (AN.0.60 and AN.0.61) for the attendance items and a new explanatory note (TN.1.22) will be included for the therapeutic and procedure items.
- The *Health Insurance (General Medical Services Table) Regulations 2019* (GMST) wording for the MBS item descriptors has been used in this document. There are minor differences to the age modifier wording in the base attendance items to aid Medicare processing requirements. In these cases, the wording will be displayed on [MBS Online](#) and has been noted in this document as the 'MBS Online wording'.



Patient impacts

- Patients will receive Medicare rebates for emergency medicine services that are clinically appropriate and reflect modern clinical practice. The new emergency medicine item structure will improve billing transparency for patients by ensuring the item billed reflects the nature of the service provided.

Restrictions or requirements

- Items 5001, 5012 and 5016 (base attendance items for emergency medicine specialists)
 - > These items are restricted to emergency medicine specialists.
 - > These items have minimum (4 years or over) and maximum (under 75 years) age requirements.
 - > Further information is provided in Explanatory Note AN.0.60.
- Items 5004, 5013 and 5017 (base complexity attendance items for emergency medicine specialists)
 - > These items are restricted to emergency medicine specialists.
 - > These items have a maximum (under 4 years) age requirement.
 - > Further information is provided in Explanatory Note AN.0.60.
- Items 5011, 5014 and 5019 (base attendance items for emergency medicine specialists)
 - > These items are restricted to emergency medicine specialists.
 - > These items have a minimum (75 years or over) age requirement.
 - > Further information is provided in Explanatory Note AN.0.60.
- Items 5021, 5030 and 5033 (base attendance items for medical practitioners)
 - > These items have minimum (4 years or over) and maximum (under 75 years) age requirements.
 - > Further information is provided in Explanatory Note AN.0.60.
- Items 5022, 5031 and 5035 (base attendance items for medical practitioners)
 - > These items have a maximum (under 4 years) age requirement.
 - > Further information is provided in Explanatory Note AN.0.60.
- Items 5027, 5032 and 5036 (base attendance items for medical practitioners)
 - > These items have a minimum (75 years or over) age requirement.
 - > Further information is provided in Explanatory Note AN.0.60.



- Items 5039 and 5041 (emergency medicine specialists) and items 5042 and 5044 (medical practitioners) for the preparation of goals of care
 - > Services to be performed in conjunction with, or after, the new attendance services (items 5001 – 5036).
 - > These new items apply to patients who are gravely ill and either have no record of a current goals of care plan; or such records cannot be readily retrieved by the medical practitioners; or it is reasonable to expect that the current goals will change substantially.
 - > A patient who is categorised as being gravely ill is one who meets the definition of a ‘gravely ill patient lacking current goals of care’ in the GMST.
 - > Further clarification, including definitions of eligible patients, is provided in Explanatory Note AN.0.61.

- Items 14255 – 14288 – a new subgroup 14 in Group T1 of therapeutic and procedural add-on items for emergency medicine specialists and medical practitioners
 - > These procedural add-on items must be claimed with an emergency attendance item in Group A21 (items 5001 – 5036).
 - > Items 14277 and 14278 for chemical/physical restraints can be performed as a stand-alone service or in conjunction with an emergency attendance item in Group A21 (items 5001 – 5036).
 - > Procedural items with the ‘Anaesthesia’ notation allow for Medicare benefits to be paid for a second medical practitioner to provide the anaesthesia service. Where the anaesthesia service is provided by an emergency medicine specialist or medical practitioner, the new anaesthesia items (14280 and 14283) would be claimed. Specialist anaesthetists may not claim items 14280 and 14283 but would provide the service under a relative value guide episode in T7 or T10 of the GMST.
 - > The new procedural items under subgroup 14 in Group T1 cover the most common procedural and therapeutic services but are not intended to cover all possible services performed in emergency medicine. Doctors are not restricted from performing other procedural and therapeutic items on the GMST for emergency medicine services, where clinically relevant.
 - > Further information is provided in Explanatory Note TN.1.22.



New item 5001 – Professional attendance by emergency medicine specialist on a patient at least 4 years old but under 75 years old – ordinary complexity

Overview: Introduction of an item for a professional attendance of ordinary complexity by an emergency medicine specialist on a patient at least 4 years old but under 75 years old.

Descriptor: Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of ordinary complexity.

MBS Online Descriptor: Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of ordinary complexity.

MBS fee: \$59.60

Benefit: 75% = \$44.70 85% = \$50.70

Extended Medicare Safety Net Cap: \$178.80

New item 5004 – Professional attendance by emergency medicine specialist on a patient under 4 years old – ordinary complexity

Overview: Introduction of an item for a professional attendance of ordinary complexity by an emergency medicine specialist on a patient under 4 years old.

Descriptor: Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of ordinary complexity.

MBS Online Descriptor: Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of ordinary complexity.

MBS fee: \$100.10

Benefit: 75% = \$75.10 85% = \$85.10

Extended Medicare Safety Net Cap: \$300.30



New item 5011 – Professional attendance by emergency medicine specialist on a patient at least 75 years old – ordinary complexity

Overview: Introduction of an item for a professional attendance of ordinary complexity by an emergency medicine specialist on a patient at least 75 years old.

Descriptor: Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of ordinary complexity.

MBS Online Descriptor: Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of ordinary complexity.

MBS fee: \$100.10

Benefit: 75% = \$75.10 85% = \$85.10

Extended Medicare Safety Net Cap: \$300.30

New item 5012 – Professional attendance by emergency medicine specialist on a patient at least 4 years old but under 75 years old – moderate complexity

Overview: Introduction of an item for a professional attendance of moderate complexity by an emergency medicine specialist on a patient at least 4 years old but under 75 years old.

Descriptor: Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of complexity that is more than ordinary but is not high.

MBS Online Descriptor: Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of complexity that is more than ordinary but is not high.

MBS fee: \$156.90

Benefit: 75% = \$117.70 85% = \$133.40

Extended Medicare Safety Net Cap: \$470.70



New item 5013 – Professional attendance by emergency medicine specialist on a patient under 4 years old – moderate complexity

Overview: Introduction of an item for a professional attendance of moderate complexity by an emergency medicine specialist on a patient under 4 years old.

Descriptor: Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of complexity that is more than ordinary but is not high.

MBS Online Descriptor: Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of complexity that is more than ordinary but is not high.

MBS fee: \$197.40

Benefit: 75% = \$148.05 85% = \$167.80

Extended Medicare Safety Net Cap: \$500.00

New item 5014 – Professional attendance by emergency medicine specialist on a patient at least 75 years old – moderate complexity

Overview: Introduction of an item for a professional attendance of moderate complexity by an emergency medicine specialist on a patient at least 75 years old.

Descriptor: Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of complexity that is more than ordinary but is not high.

MBS Online Descriptor: Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of complexity that is more than ordinary but is not high.

MBS fee: \$197.40

Benefit: 75% = \$148.05 85% = \$167.80

Extended Medicare Safety Net Cap: \$500.00



New item 5016 – Professional attendance by emergency medicine specialist on a patient at least 4 years old but under 75 years old – high complexity

Overview: Introduction of an item for a professional attendance of high complexity by an emergency medicine specialist on a patient at least 4 years old but under 75 years old.

Descriptor: Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of high complexity.

MBS Online Descriptor: Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of high complexity.

MBS fee: \$264.90

Benefit: 75% = \$198.70 85% = \$225.20

Extended Medicare Safety Net Cap: \$500.00

New item 5017 – Professional attendance by emergency medicine specialist on a patient under 4 years old – high complexity

Overview: Introduction of an item for a professional attendance of high complexity by an emergency medicine specialist on a patient under 4 years old.

Descriptor: Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of high complexity.

MBS Online Descriptor: Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of high complexity.

MBS fee: \$305.40

Benefit: 75% = \$229.05 85% = \$259.60

Extended Medicare Safety Net Cap: \$500.000



New item 5019 – Professional attendance by emergency medicine specialist on a patient at least 75 years old – high complexity

Overview: Introduction of an item for a professional attendance of high complexity by an emergency medicine specialist on a patient at least 75 years old.

Descriptor: Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of high complexity.

MBS Online Descriptor: Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine involving medical decision-making of high complexity.

MBS fee: \$305.40

Benefit: 75% = \$229.05 85% = \$259.60

Extended Medicare Safety Net Cap: \$500.00

New item 5021 – Professional attendance by a medical practitioner on a patient at least 4 years old but under 75 years old – ordinary complexity

Overview: Introduction of an item for a professional attendance of ordinary complexity by a medical practitioner on a patient at least 4 years old but under 75 years old.

Descriptor: Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of ordinary complexity.

MBS Online Descriptor: Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of ordinary complexity.

MBS fee: \$44.70

Benefit: 75% = \$33.55 85% = \$38.00

Extended Medicare Safety Net Cap: \$134.10



New item 5022 – Professional attendance by a medical practitioner on a patient under 4 years old – ordinary complexity

Overview: Introduction of an item for a professional attendance of ordinary complexity by a medical practitioner on a patient under 4 years old.

Descriptor: Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of ordinary complexity.

MBS Online Descriptor: Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of ordinary complexity.

MBS fee: \$75.05

Benefit: 75% = \$56.30 85% = \$63.80

Extended Medicare Safety Net Cap: \$225.15

New item 5027 – Professional attendance by a medical practitioner on a patient at least 75 years old – ordinary complexity

Overview: Introduction of an item for a professional attendance of ordinary complexity by a medical practitioner on a patient at least 75 years old.

Descriptor: Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of ordinary complexity.

MBS Online Descriptor: Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of ordinary complexity.

MBS fee: \$75.05

Benefit: 75% = \$56.30 85% = \$63.80

Extended Medicare Safety Net Cap: \$225.15



New item 5030 – Professional attendance by a medical practitioner on a patient at least 4 years old but under 75 years old – moderate complexity

Overview: Introduction of an item for a professional attendance of moderate complexity by a medical practitioner on a patient at least 4 years old but under 75 years old.

Descriptor: Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of complexity that is more than ordinary but is not high.

MBS Online Descriptor: Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of complexity that is more than ordinary but is not high.

MBS fee: \$117.65

Benefit: 75% = \$88.25 85% = \$100.05

Extended Medicare Safety Net Cap: \$352.95

New item 5031 – Professional attendance by a medical practitioner on a patient under 4 years old – moderate complexity

Overview: Introduction of an item for a professional attendance of moderate complexity by a medical practitioner on a patient under 4 years old.

Descriptor: Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of complexity that is more than ordinary but is not high.

MBS Online Descriptor: Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of complexity that is more than ordinary but is not high.

MBS fee: \$148.05

Benefit: 75% = \$111.05 85% = \$125.85

Extended Medicare Safety Net Cap: \$444.15



New item 5032 – Professional attendance by a medical practitioner on a patient at least 75 years old – moderate complexity

Overview: Introduction of an item for a professional attendance of moderate complexity by a medical practitioner on a patient at least 75 years old.

Descriptor: Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of complexity that is more than ordinary but is not high.

MBS Online Descriptor: Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of complexity that is more than ordinary but is not high.

MBS fee: \$148.05

Benefit: 75% = \$111.05 85% = \$125.85

Extended Medicare Safety Net Cap: \$444.15

New item 5033 – Professional attendance by a medical practitioner on a patient at least 4 years old but under 75 years old – high complexity

Overview: Introduction of an item for a professional attendance of high complexity by a medical practitioner on a patient at least 4 years old but under 75 years old.

Descriptor: Professional attendance, on a patient at least 4 years old but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity.

MBS Online Descriptor: Professional attendance, on a patient aged 4 years or over but under 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity.

MBS fee: \$198.65

Benefit: 75% = \$149.00 85% = \$168.90

Extended Medicare Safety Net Cap: \$500.00



New item 5035 – Professional attendance by a medical practitioner on a patient under 4 years old – high complexity

Overview: Introduction of an item for a professional attendance of high complexity by a medical practitioner on a patient under 4 years old.

Descriptor: Professional attendance, on a patient under 4 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity.

MBS Online Descriptor: Professional attendance, on a patient aged under 4 years, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity.

MBS fee: \$229.05

Benefit: 75% = \$171.80 85% = \$194.70

Extended Medicare Safety Net Cap: \$500.00

New item 5036 – Professional attendance by a medical practitioner on a patient at least 75 years old – high complexity

Overview: Introduction of an item for a professional attendance of high complexity by a medical practitioner on a patient at least 75 years old.

Descriptor: Professional attendance, on a patient at least 75 years old, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity.

MBS Online Descriptor: Professional attendance, on a patient aged 75 years or over, at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) involving medical decision-making of high complexity.

MBS fee: \$229.05

Benefit: 75% = \$171.80 85% = \$194.70

Extended Medicare Safety Net Cap: \$500.00



New item 5039 – Goals of Care attendance by an emergency medicine specialist

Overview: Introduction of an item for a professional attendance for the preparation of goals of care by an emergency medicine specialist.

Descriptor: Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine for preparation of goals of care by the specialist for a gravely ill patient lacking current goals of care if:

- (a) the specialist takes overall responsibility for the preparation of the goals of care for the patient; and
- (b) the attendance is the first attendance by the specialist for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and
- (c) the attendance is in conjunction with, or after, an attendance on the patient by the specialist that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019.

MBS fee: \$144.80

Benefit: 75% = \$108.60 85% = \$123.10

Extended Medicare Safety Net Cap: \$434.40

New item 5041 – Goals of Care attendance by an emergency medicine specialist – at least 60 minutes

Overview: Introduction of an item for a professional attendance for the preparation of goals of care by an emergency medicine specialist.

Descriptor: Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine for preparation of goals of care by the specialist for a gravely ill patient lacking current goals of care if:

- (a) the specialist takes overall responsibility for the preparation of the goals of care for the patient; and
- (b) the attendance is the first attendance by the specialist for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and
- (c) the attendance is not in conjunction with, or after, an attendance on the patient by the specialist that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019; and
- (d) the attendance is for at least 60 minutes.

MBS fee: \$272.15

Benefit: 75% = \$204.15 85% = \$231.35

Extended Medicare Safety Net Cap: \$500.00



New item 5042 – Goals of Care attendance by a medical practitioner

Overview: Introduction of an item for a professional attendance for the preparation of goals of care by a medical practitioner.

Descriptor: Professional attendance at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) for preparation of goals of care by the practitioner for a gravely ill patient lacking current goals of care if:

- (a) the practitioner takes overall responsibility for the preparation of the goals of care for the patient; and
- (b) the attendance is the first attendance by the practitioner for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and
- (c) the attendance is in conjunction with, or after, an attendance on the patient by the practitioner that is described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036.

MBS fee: \$108.60

Benefit: 75% = \$81.45 85% = \$92.35

Extended Medicare Safety Net Cap: \$325.80

New item 5044 – Goals of Care attendance by a medical practitioner – at least 60 minutes

Overview: Introduction of an item for a professional attendance for the preparation of goals of care by a medical practitioner.

Descriptor: Professional attendance at a recognised emergency department of a private hospital by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) for preparation of goals of care by the practitioner for a gravely ill patient lacking current goals of care if:

- (a) the practitioner takes overall responsibility for the preparation of the goals of care for the patient; and
- (b) the attendance is the first attendance by the practitioner for the preparation of the goals of care for the patient following the presentation of the patient to the emergency department; and
- (c) the attendance is not in conjunction with, or after, an attendance on the patient by the practitioner that is described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and
- (d) the attendance is for at least 60 minutes.

MBS fee: \$204.10

Benefit: 75% = \$153.10 85% = \$173.50

Extended Medicare Safety Net Cap: \$500.00



New item 14255 – Resuscitation for at least 30 minutes but less than 1 hour by an emergency medicine specialist

Overview: Introduction of an item for resuscitation of at least 30 minutes but less than 1 hour by an emergency medicine specialist.

Descriptor: Resuscitation of a patient provided for at least 30 minutes but less than 1 hour, by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.).

MBS fee: \$150.75

Benefit: 75% = \$113.10 85% = \$128.15

New item 14256 – Resuscitation for at least 1 hour but less than 2 hours by an emergency medicine specialist

Overview: Introduction of an item for resuscitation of at least 1 hour but less than 2 hours by an emergency medicine specialist.

Descriptor: Resuscitation of a patient provided for at least 1 hour but less than 2 hours, by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.).

MBS fee: \$289.90

Benefit: 75% = \$217.45 85% = \$246.45

New item 14257 – Resuscitation for at least 2 hours by an emergency medicine specialist

Overview: Introduction of an item for resuscitation of at least 2 hours by an emergency medicine specialist.

Descriptor: Resuscitation of a patient provided for at least 2 hours, by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.).

MBS fee: \$577.35

Benefit: 75% = \$433.05 85% = \$492.65



New item 14258 – Resuscitation for at least 30 minutes but less than 1 hour by a medical practitioner

Overview: Introduction of an item for resuscitation of at least 30 minutes but less than 1 hour by a medical practitioner.

Descriptor: Resuscitation of a patient provided for at least 30 minutes but less than 1 hour, by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.).

MBS fee: \$113.10

Benefit: 75% = \$84.85 85% = \$96.15

New item 14259 – Resuscitation for at least 1 hour but less than 2 hours by a medical practitioner

Overview: Introduction of an item for resuscitation of at least 1 hour but less than 2 hours by a medical practitioner.

Descriptor: Resuscitation of a patient provided for at least 1 hour but less than 2 hours, by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.).

MBS fee: \$217.45

Benefit: 75% = \$163.10 85% = \$184.85

New item 14260 – Resuscitation for at least 2 hours by a medical practitioner

Overview: Introduction of an item for resuscitation of at least 2 hours by a medical practitioner.

Descriptor: Resuscitation of a patient provided for at least 2 hours, by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.).

MBS fee: \$433.00

Benefit: 75% = \$324.75 85% = \$368.05



New item 14263 – Minor procedure by an emergency medicine specialist

Overview: Introduction of a new item for minor procedures performed by an emergency medicine specialist.

Descriptor: Minor procedure on a patient by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.).

MBS fee: \$53.05

Benefit: 75% = \$39.80 85% = \$45.10

New item 14264 – Procedure (except a minor procedure) by an emergency medicine specialist

Overview: Introduction of a new item for procedures (except minor procedures) performed by an emergency medicine specialist.

Descriptor: Procedure (except a minor procedure) on a patient by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019 (Anaes.).

MBS fee: \$119.45

Benefit: 75% = \$89.60 85% = \$101.55

New item 14265 – Minor procedure by a medical practitioner

Overview: Introduction of a new item for minor procedures performed by a medical practitioner.

Descriptor: Minor procedure on a patient by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.).

MBS fee: \$39.80

Benefit: 75% = \$29.85 85% = \$33.85



New item 14266 – Procedure (except a minor procedure) by a medical practitioner

Overview: Introduction of a new item for procedures (except minor procedures) performed by a medical practitioner.

Descriptor: Procedure (except a minor procedure) on a patient by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital, in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036 (Anaes.).

MBS fee: \$89.60

Benefit: 75% = \$67.20 85% = \$76.20

New item 14270 – Management of fractures/dislocations (without aftercare) by an emergency medicine specialist

Overview: Introduction of a new item for the management of fractures and dislocations by emergency medicine specialists.

Descriptor: Management, without aftercare, of all fractures and dislocations suffered by a patient that:
(a) is provided by a specialist in the practice of the specialist's specialty of emergency medicine in conjunction with an attendance on the patient by the specialist described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017 or 5019; and
(b) occurs at a recognised emergency department of a private hospital (Anaes.).

MBS fee: \$133.95

Benefit: 75% = \$100.50 85% = \$113.90

New item 14272 – Management of fractures/dislocations (without aftercare) by a medical practitioner

Overview: Introduction of a new item for the management of fractures and dislocations by a medical practitioner.

Descriptor: Management, without aftercare, of all fractures and dislocations suffered by a patient that:
(a) is provided by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) in conjunction with an attendance on the patient by the practitioner described in item 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and
(b) occurs at a recognised emergency department of a private hospital (Anaes.).

MBS fee: \$100.50

Benefit: 75% = \$75.40 85% = \$85.45



New item 14277 – Application of chemical or physical restraint by an emergency medicine specialist

Overview: Introduction of a new item for the application of chemical or physical restraints by an emergency medicine specialist.

Descriptor: Application of chemical or physical restraint of a patient by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital.

MBS fee: \$150.75

Benefit: 75% = \$113.10 85% = \$128.15

New item 14278 – Application of chemical or physical restraint by a medical practitioner

Overview: Introduction of a new item for the application of chemical or physical restraints by a medical practitioner.

Descriptor: Application of chemical or physical restraint of a patient by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital.

MBS fee: \$113.10

Benefit: 75% = \$84.85 85% = \$96.15

New item 14280 – Anaesthesia by an emergency medicine physician

Overview: Introduction of a new item for an anaesthesia service performed by an emergency medicine physician.

Descriptor: Anaesthesia (whether general anaesthesia or not) of a patient that:

- (a) is managed by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital; and
- (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and
- (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies.

MBS fee: \$150.75

Benefit: 75% = \$113.10 85% = \$128.15



New item 14283 – Anaesthesia by a medical practitioner

Overview: Introduction of a new item for an anaesthesia service performed by a medical practitioner.

Descriptor: Anaesthesia (whether general anaesthesia or not) of a patient that:

- (a) is managed by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital; and
- (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and
- (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies.

MBS fee: \$113.10

Benefit: 75% = \$84.85 85% = \$96.15

New item 14285 – Emergent intubation and/or airway management by an emergency medicine physician

Overview: Introduction of a new item for emergent intubation and/or airway management performed by an emergency medicine physician.

Descriptor: Emergent intubation, airway management or both of a patient that:

- (a) is managed by a specialist in the practice of the specialist's specialty of emergency medicine at a recognised emergency department of a private hospital; and
- (b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and
- (c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies.

MBS fee: \$150.75

Benefit: 75% = \$113.10 85% = \$128.15



New item 14288 – Emergent intubation and/or airway management by a medical practitioner

Overview: Introduction of a new item for emergent intubation and/or airway management performed by a medical practitioner.

Descriptor: Emergent intubation, airway management or both of a patient that:

(a) is managed by a medical practitioner (except a specialist in the practice of the specialist's specialty of emergency medicine) at a recognised emergency department of a private hospital; and

(b) occurs in conjunction with an attendance on the patient that is described in item 5001, 5004, 5011, 5012, 5013, 5014, 5016, 5017, 5019, 5021, 5022, 5027, 5030, 5031, 5032, 5033, 5035 or 5036; and

(c) is not anaesthesia provided by a specialist anaesthetist to which an item in Group T7 or T10 applies.

MBS fee: \$113.10

Benefit: 75% = \$84.85 85% = \$96.15

Deleted item 501 – Professional attendance at a recognised emergency department of a private hospital by a specialist in the practice of the specialist's specialty of emergency medicine – attendance for the unscheduled evaluation and management of a patient, involving straightforward medical decision making

Services under this item are expected to be claimed under the new attendance item structure (5001 - 5019) for emergency medicine specialists and items (5021 – 5036) for medical practitioners.

Deleted item 503 – Professional attendance by emergency medicine – attendance for the unscheduled evaluation and management of a patient, involving medical decision making of low complexity

Services under this item are expected to be claimed under the new attendance item structure (5001 - 5019) for emergency medicine specialists and items (5021 – 5036) for medical practitioners.



Deleted item 507 – Professional attendance by emergency medicine specialist – attendance for the unscheduled evaluation and management of a patient, involving medical decision making of moderate complexity

Services under this item are expected to be claimed under the new attendance item structure (5001 - 5019) for emergency medicine specialists and items (5021 – 5036) for medical practitioners.

Deleted item 511 – Professional attendance by emergency medicine specialist – attendance for the unscheduled evaluation and management of a patient, involving medical decision making of moderate complexity

Services under this item are expected to be claimed under the new attendance item structure (5001 - 5019) for emergency medicine specialists and items (5021 – 5036) for medical practitioners.

Deleted item 515 – Professional attendance by emergency medicine specialist – attendance for the unscheduled evaluation and management of a patient, involving medical decision making of high complexity

Services under this item are expected to be claimed under the new attendance item structure (5001 - 5019) for emergency medicine specialists and items (5021 – 5036) for medical practitioners.

Deleted item 519 – Professional attendance by emergency medicine specialist – attendance for a total period (whether or not continuous) of at least 30 minutes but less than 1 hour (before the patient's admission to an in-patient hospital bed) for emergency evaluation of a critically ill patient with an immediately life threatening problem

Services under this item are expected to be claimed under the new attendance item structure (5001 - 5019) for emergency medicine specialists and items (5021 – 5036) for medical practitioners.



Deleted item 520 – Professional attendance by emergency medicine specialist – attendance for a total period (whether or not continuous) of at least 1 hour but less than 2 hours (before the patient’s admission to an in-patient hospital bed) for emergency evaluation of a critically ill patient with an immediately life threatening problem

Services under this item are expected to be claimed under the new attendance item structure (5001 - 5019) for emergency medicine specialists and items (5021 – 5036) for medical practitioners.

Deleted item 530 – Professional attendance by emergency medicine specialist – attendance for a total period (whether or not continuous) of at least 2 hours but less than 3 hours (before the patient’s admission to an in-patient hospital bed) for emergency evaluation of a critically ill patient with an immediately life threatening problem

Services under this item are expected to be claimed under the new attendance item structure (5001 - 5019) for emergency medicine specialists and items (5021 – 5036) for medical practitioners.

Deleted item 532 – Professional attendance by emergency medicine specialist – attendance for a total period (whether or not continuous) of at least 3 hours but less than 4 hours (before the patient’s admission to an in-patient hospital bed) for emergency evaluation of a critically ill patient with an immediately life threatening problem

Services under this item are expected to be claimed under the new attendance item structure (5001 - 5019) for emergency medicine specialists and items (5021 – 5036) for medical practitioners.

Deleted item 534 – Professional attendance by emergency medicine specialist – attendance for a total period (whether or not continuous) of at least 4 hours but less than 5 hours (before the patient’s admission to an in-patient hospital bed) for emergency evaluation of a critically ill patient with an immediately life threatening problem

Services under this item are expected to be claimed under the new attendance item structure (5001 - 5019) for emergency medicine specialists and items (5021 – 5036) for medical practitioners.



Deleted item 536 – Professional attendance by emergency medicine specialist – attendance for a total period (whether or not continuous) of at least 5 hours (before the patient’s admission to an in-patient hospital bed) for emergency evaluation of a critically ill patient with an immediately life threatening problem

Services under this item are expected to be claimed under the new attendance item structure (5001 - 5019) for emergency medicine specialists and items (5021 – 5036) for medical practitioners.

To view previous item descriptors and deleted items, visit MBS Online at www.mbsonline.gov.au, navigate to 'Downloads' and then select the relevant time period at the bottom of the page. The old items can then be viewed by downloading the MBS files published in the month before implementation of the changes

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment 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 sheet is current as of the Last updated date shown above, and does not account for MBS changes since that date.