



# Introduction of 6 minute minimum time for MBS GP Level B consultations

Last updated: 17 October 2023

- From 1 November 2023, a 6 minute minimum time for Medicare Benefits Schedule (MBS) general practitioner (GP) Level B general attendance consultations will apply.
- The 6 minute minimum time will affect a range of MBS GP Level B items for consultations in rooms, out of rooms, in residential aged care facilities, during both business and after hours and telehealth (video only) consultations.
- GP telephone Level B consultations and all Other Medical Practitioner Level B equivalent items already include a minimum time and are not affected.
- GP consultations less than 6 minutes in length will continue to be available and billed at the MBS GP Level A consultation rate.

## What are the changes?

From 1 November 2023, the description of MBS GP Level B consultation items (23, 24, 5020, 5023, 5028, 90035 and 91800) will be amended to include reference to a consultation lasting “at least 6 minutes”.

## Why are the changes being made?

Currently, MBS GP Level A items are available for consultations for “an obvious problem characterised by the straightforward nature of the task” and MBS GP Level B items are available for a consultation lasting less than 20 minutes. There is no minimum time requirement for the delivery of an MBS GP Level B consultation.

It is anomalous that an MBS GP Level B consultation has no minimum duration when an MBS Level A item is available for short and less complex attendances.

The introduction of a minimum time for MBS GP Level B consultations is consistent with the time-tiering framework in operation for Level C (20 minutes to less than 40 minutes), Level D (40 minutes to less than 60 minutes) and, from 1 November 2023, new Level E (60 minutes or more) general attendance consultations.

A 6 minute minimum for MBS GP Level B consultations is also consistent with the GP telephone Level B consultation item.

## What does this mean for providers?

Introducing a minimum time for MBS GP Level B consultations will help clarify when it is appropriate to bill a Level A or a Level B attendance. Some attendances of less than

6 minutes previously billed at Level B may now need to be billed at Level A, and some longer attendances billed at the lower rate may now be more appropriately billed as a Level B.

Providers have a responsibility to ensure that any services they bill to Medicare fully meet the eligibility requirements outlined in the legislation. For these items, that includes spending at least 6 minutes and less than 20 minutes personally attending upon the patient to provide a clinically relevant service.

## How will these changes affect patients?

The introduction of a minimum time for MBS GP Level B consultations will help to ensure benefits reflect the time spent with a patient and promote high value care.

## Who was consulted on the changes?

The introduction of a minimum time for MBS GP Level B consultations was a recommendation of the former MBS Review Taskforce and a public consultation process was undertaken by the Taskforce.

## How will the changes be monitored and reviewed?

MBS Level A and B GP general attendance items will continue to be subject to MBS compliance checks, which may require a provider to submit evidence to substantiate that services were validly claimed.

## Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at [www.mbsonline.gov.au](http://www.mbsonline.gov.au). You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the Health Insurance Act and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email [askMBS@health.gov.au](mailto:askMBS@health.gov.au).

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

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 factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.