



Introduction of MBS Level E long consultations of 60 minutes or more

Last updated: 22 August 2023

- Subject to the passage of legislation, from 1 November 2023 new Medicare Benefits Schedule (MBS) Level E items for general attendance consultations of 60 minutes or more by GPs and medical practitioners (MPs) providing higher benefits to patients will commence.
- The new Level E items will support improved access and affordability of services for patients with chronic conditions and complex needs who require more time with their GP.

What are the changes?

Subject to the passage of legislation, from 1 November 2023 21 new items will be included in the MBS for GP and MP Level E consultations of 60 minutes or longer. These items will provide a higher Medicare benefit to patients when accessing consultations of 60 minutes or longer.

The new Level E items mirror the structure of the existing MBS Level A – D general attendance items, and include items for face-to-face consultations in rooms, out of rooms, in residential aged care facilities, during both business and after hours, and telehealth (video only) consultations.

Existing restrictions on same day co-claiming of general attendance and chronic disease management MBS items and the standard caps for the Extended Medicare Safety Net will also apply to the Level E items.

Why are the changes being made?

The new Level E consultation items will improve patient care outcomes by allowing GPs to provide longer consultations to patients where clinically required. This will allow better management of the care needs of patients with chronic conditions and complex care needs such as, but not limited to, patients with multiple chronic conditions, patients in need of advanced care planning, palliative care and end of life care, patients experiencing domestic and family violence, and patients where additional time is required for proper communications, for example patients with dementia, various disabilities or where an interpreter is required.

What does this mean for providers?

GPs will benefit from MBS items that recognise the opportunity costs of their time for lengthy clinical consultations and values higher quality care.

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 60 minutes personally attending upon the patient to provide a clinically relevant service.

How will these changes affect patients?

Access to longer consultations will benefit patients with chronic conditions and complex needs who require more time with their GP.

Who was consulted on the changes?

The introduction of a longer general attendance consultation was a recommendation of the Strengthening Medicare Taskforce and the former MBS Review Taskforce. Public consultation was undertaken by the MBS Review Taskforce.

How will the changes be monitored and reviewed?

Level E items will be subject to monitoring and 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. 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 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email 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.