PHASES FACTSHEET

MBS Opportunities
(See also our Aboriginal and Torres Strait Islander patient factsheet)

Medicare Benefits Schedule (MBS) items supporting preventive cardiovascular disease care

The MBS enables primary care providers to deliver proactive cardiovascular disease prevention by supporting health assessments and chronic condition management plans, ensuring sustainable funding for early intervention and improved patient outcomes. This is what PHASES is designed to achieve — proactive management of CVD risk factors.

Why it matters

Having MBS billing that supports preventive CVD care enables healthcare providers to sustainably fund early detection and intervention, reducing costly hospital presentations. It also supports working collaboratively with allied health professionals and specialists to drive better health outcomes for patients.

How can MBS billing items support preventive CVD care?

Patient Group	Eligible MBS Items & Value (MMM2)	Assessment Type	Who Can Do It	Review Interval
40–49 yrs (inclusive) and high risk of diabetes	**701** (<30 min) ($79) **703** (30-45 min) ($168) **705** (45-60 min ($228) **707** (>60 mins) ($317)	Health Assessment	Nurse + GP	Once every 3 years
45–49 yrs (inclusive) and at risk of chronic disease		Health Assessment	Nurse + GP	Once only
Age ≥ 75 years		Health Assessment	Nurse + GP	Annually
≥30 yrs (Heart Health Check)	**699** (>20min) ($96)	Heart Health Assessment	Nurse + GP	Annually

These items enable structured assessments, planning and follow-up care that help identify risk early and keep patients healthier for longer.

- Bulk-billing incentives increase with remoteness (MM1: major cities - MM7: very remote).
- Practices receive the incentive for any eligible patient who holds a valid Medicare card and is bulk billed.
- **Nurse time counts** toward time requirements for all health assessments (including 699).

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Billing pathway to consider

For **general practices** (this does not include billing for Aboriginal and Torres Strait Islander patients):

1. Start with a Health Assessment — choose either 699 or one of the 700 series. If the combined booked time between nurse and the doctor exceeds 30 minutes, it would be more appropriate to use 703 instead of 699, as long as the relevant descriptor requirements have been met.
2. Then, where the AusCVD identifies a patient as high risk, add in GPCCMP (either 965 or 967) and the respective 10997 (for up to 5 nurse visits per year), where appropriate, with the following billing potential per patient:

High risk score

Maximum billings per patient per annum:

- MM1 = $839.90
- MM7 = $893.50

Low-intermediate risk score

Maximum billings per patient per annum:

- MM1 = $92.25
- MM7 = $98.95

	No. patients per risk category	MM1	MM7
PRACTICE SIZE n=10,000			
No. high risk	359	$392,960	$414,601
No. intermediate risk	977	$90,110	$96,654
No. low risk	2364	$218,107	$233,947
Total	3700	$701,176	$745,203
PRACTICE SIZE n=5000			
No. high risk	179	$196,480	$207,301
No. intermediate risk	488	$45,055	$48,327
No. low risk	1182	$109,053	$116,974
Total	1850	$350,588	$372,602
PRACTICE SIZE n=3,000			
No. high risk	108	$117,888	$124,380
No. intermediate risk	293	$27,033	$28,996
No. low risk	709	$65,432	$70,184
Total	1110	$210,353	$223,561

**MBS item values are indexed and change over time. Figures were calculated in November 2025. 2026 values may be slightly higher.*

Benefits

Improved patient outcomes

By supporting structured assessments and care plans, MBS billing enables early detection of cardiovascular risk factors.

Financial sustainability

MBS items provide a reliable funding stream for preventive health activities, making early intervention and ongoing care economically viable.

Supports coordinated care

Allows practices to involve nurses and allied health professionals in preventive care, including referral to specialists when needed.

Get started

- Review MBS guidelines for each item (time requirements, frequency, documentation) to ensure compliance.
- Brief GPs, nurses and admin staff on workflows for preventive care billing, including how nurse time counts toward assessment requirements.
- Use your clinical software to find patients who meet the criteria for Heart Health Assessment (item 699), time-tiered health assessments (701-707) and/or GP Chronic Condition Management Plans (965/967 and 10997).

PHASES is being delivered by Country to Coast Queensland in partnership with Queensland Primary Health Network (PHNs) and is co-funded by the Australian and Queensland Governments.

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